

Research Dossier

One Transition: Three Journeys
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Abstract

The focus of the research was to explore the transition period from primary to secondary education for those with Autism Spectrum Disorder, their parents' and the professionals' perspectives. This would facilitate future recommendations of the challenges faced and alterations to improve current procedures to make the process smoother.

The analysis followed Charmaz's (2006) constructivist grounded theory approach. Semi-structured interviews with five adolescents, seven mothers and eight professionals were conducted to ascertain their transitional experiences. The findings developed three theories of the transition period. The Mothers' theory '*the transitional emotional rollercoaster*' encapsulated the core category emotional response. For the mothers the sense of being prepared and involved with the transition and the choice of school were significant factors in feeling emotionally balanced. The central storyline for the adolescents', '*weighing up the transitional balance*', related to the emotional reaction during the transition. The adolescents wanted to be informed of their new school, with information on timeframes and support to prepare them, alongside meeting peers to increase friendships and interactions. The professionals storyline, the '*nitty gritty*', referred to achieving a smooth transitional process by being a prominent figure in the bigger transitional process, ensuring and facilitating the needs of the adolescent, parents and professionals. The professionals desired to be equipped with an awareness of Autism Spectrum Disorder, to understand the needs of the adolescent and to have resources to manage the adolescent efficiently in the education setting.

All of the populations referred to being powerless in the transition process, so future focus would benefit on empowering all entities through inclusion.

Counselling Psychologists would benefit from the findings to support the different populations. Future development of working together as a collective to form a robust support network, good planning, communication and distribution of information would enable a smoother and more successful transition for all.

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Glossary of Abbreviations

ASD	Autism Spectrum Disorder
EHCP	Education and Health Care Plan
GT	Grounded Theory
LEA	Local Education Authority
MDT	Multi-Disciplinary Team
SATs	Statutory Assessment Tests
SEN	Special Educational Needs
SENCo	Special Educational Needs Coordinator
TA	Teaching Assistant
THA	Thematic Analysis

Chapter 1: Introduction to the Research

This chapter introduces the context to the current study and explores the relevance for myself as a researcher, a practitioner and a mother with a child with ASD. Many adolescents find the transition to secondary school challenging due to moving to a new environment with unfamiliar peers and teachers (Anderson, Jacobs & Schramm, 2000; Gutman & Midgley, 2000; Kennelley & Monrad, 2007; Lucey & Reay, 2000; Riglin, Frederickson, Shelton & Rice, 2013; Seidman, Allen, Aber, Mitchell & Feinman, 1994). Primary schools are comparatively more nurturing whereas secondary schools are usually larger with more pupils so there are increased demands on the student's organisation and independence. Transitioning from primary to secondary school is considered as the most challenging in a young person's educational span (Zeedyk et al., 2003). Managing and adjusting the combination of simultaneous changes in environment, curriculum, teaching and learning practices, relationships with staff and peers, can be overwhelming and sometimes detrimental to the adolescents' wellbeing and their academic learning in subsequent years if not managed sufficiently (HMle, 2006; West, Sweeting & Young, 2010).

Increased levels of distress are often observed during this period for adolescents, parents and professionals (Rice, Frederickson & Seymour, 2010). This period also has notable biological and physical changes related to puberty, where adolescents are less inclined to seek support from adults (Hunter, Boyle & Warden, 2004). The adolescents place more emphasis on peer relations and acceptance, leading to these relationships becoming

increasingly important as a source of support (Dillon & Underwood, 2012; Galton, Gray & Ruddock, 2003; Pellegrini & Bartini, 2000). The implications of peer acceptance can impact how the adolescent responds to the secondary school environment, and a lack of peer relations can lead to disengagement (Ladd, 2003) and bullying (Boulton & Smith, 1994).

The very nature of transitioning to a new secondary school for those with Autism Spectrum Disorder (hereafter as ASD) is extremely challenging and exacerbated by the intrinsic characteristics of ASD and the numerous changes occurring simultaneously. Those with ASD have deficits with adaptive functioning making it more challenging for them to adapt to change (Mandy et al., 2011; Paul et al., 2004). In addition, concrete cognitions, insistence on sameness, and poor concentration levels make them more prone to emotional vulnerability (Williams, 1995). Hindered by such traits and deficits, developing independent skills may not be possible for some adolescents with ASD and most would require an increased level of support to enable them to adapt to the secondary school environment (Plimley & Bowen, 2007).

The concept of the current research developed throughout the span of my professional career, research discovery and being a parent to a child with ASD. More specifically the focus on the transitional time between primary and secondary school was derived from listening to many parents' difficulties with their child's education in my professional capacity as a trainee Counselling Psychologist. The challenges the parents faced were mainly around issues with finding schools that would accommodate their child's educational needs.

In addition, I gained valuable insight from completing my undergraduate dissertation that highlighted the challenges faced by parents of children with ASD and special educational needs (hereafter SEN) in education. The ramifications of educational professionals perceived to be lacking in their understanding of ASD, and how such a shortage impacts on an adolescents' learning, may be more pronounced during the transitional period. The key challenge that those with ASD, their parents and professionals all have is that the condition manifests itself differently. There are similarities in the ASD traits, yet the presentation is specific and unique to the individual. My drive to become a Counselling Psychologist is borne out of being a mother to a child with ASD. My own difficulties and experiences with the education system were echoed in my professional practice and led to my doctorate research to focus specifically around education for those with ASD during the transitional time.

The literature reports that education can be challenging for those with ASD and their parents, with many findings focused on the parental perspective (Dillon & Underwood, 2012; Tobin et al., 2012). Yet the current findings lack theoretical understanding of the transition from a holistic perspective for all individuals involved. More importantly, the experience from the adolescents' and professionals' perspective with regards to how they feel about the transition process and its impact on their wellbeing is sparse within the current literature. Currently there are several indications within the literature that improvements can be made to the management of the transition through a professional capacity. However, there is minimal information about how the professionals feel about the whole process, the extent of their understanding

of ASD and how to manage it more effectively within the education setting. Clear understanding of all of these facets can make it possible to suggest recommendations for practical changes for a smoother transition. It can also offer insight to Counselling Psychologists to provide support to parents and adolescents during this time, and equip adolescents, parents and professionals with a greater awareness of the transitional nature of this period and some resources to manage the change

The main focus of the current study was to gain a deeper understanding of the school transition for adolescents with ASD and how it is managed through a qualitative approach from a holistic perspective. The qualitative approach is complemented by the foundation and philosophical underpinnings of counselling psychology as it is focused upon the subjective experience of the client and the meaning given to their experiences (Douglas, Woolfe, Strawbridge, Kasket & Galbraith, 2016).

Both the wealth of experience gained as a parent and my professional capacity employed within a specialised psychological organisation that diagnoses and provides intervention for children with ASD have enabled me to establish a comprehensive knowledge base and understanding of ASD. The skills I gained from the counselling psychology doctoral training have enhanced my ability to empathise, engage and relate to others during therapeutic interventions with adolescents and parents experiencing the transition. I provide psychoeducation on anxiety and strategies to reduce their anxiety and enhance their wellbeing. The integrative therapeutic approaches

encourage me to be reflexive with the client to challenge their negative cognitions and aid strategies to empower the client. In addition these skillsets were useful during interviews with participants especially those with difficulties communicating with unfamiliar people and to enhance the adolescents' and parents' ability to regulate their emotions, and to develop strategies to cope with the challenges they may face during the transition. In addition, a Counselling Psychologist can provide training to professionals about ASD to improve their awareness of the condition and manage students more effectively within the education setting, work placement or the social care environment.

The current study aimed to enhance Counselling Psychologist's understanding of the transition from adolescents with ASD, their parents or professionals perspectives to inform their practice. Counselling Psychologists can utilise several therapeutic modalities to form an integrative approach to facilitate their clients to challenge negative appraisals and to learn strategies to regulate their emotions. Furthermore, the Counselling Psychologist has the skills to empower both parents and professionals with their understanding of ASD and offer guidance to facilitate a coherent multi-faceted approach alongside other professionals within the school environment to reduce emotional distress in the adolescents and parents, and enhance their success within the education setting.

The current study aimed to explore the transition period for adolescents with ASD by collating experience across the range of individuals involved to

understand their experience, the impact upon the emotional wellbeing, and the factors that would improve the transition in the future. Counselling Psychologists often work in multidisciplinary teams (hereafter MDT) and a detailed understanding of the transitional process and its impacts on the individuals would enhance their knowledge on the individual's experiences. The findings from the current study would potentially enhance Counselling Psychologist's understanding of the transition from the data collated from adolescents with ASD, their parents or professionals to inform practice. It also increases the Counselling Psychologist's competence to make recommendations to improve the transition more efficiently and improve the adolescents' emotional wellbeing, particularly when supporting those with complex needs such as SENs and ASD as well as individual professionals working to support them. The Counselling Psychologist can also make recommendations to be included on the adolescents' Education Health Care Plan (hereafter EHCP) to support the adolescent more sufficiently during the transition period (Charman et al., 2011).

This chapter has provided foundation to the current study for me as student, professional and a parent. The next chapter provides a foundation of ASD and the relevance of the current study with reference to the literature.

Chapter 2: Literature Review

2.1 Introduction

This chapter provides a brief overview of ASD, including its behavioural characteristics and prevalence, and areas that are often challenging for individuals within the education setting. The transition experience for adolescents reported in the literature will be presented, with more detailed focus on transition for those with ASD. Findings from the previous studies are discussed and critiqued to identify the gaps in the literature. The chapter will close with the rationale for the current study including its aims and relevance to support practice for all involved with the transition.

2.2 Autism Spectrum Disorder

Autism traits were initially recognised in the 1940's by two clinicians, Leo Kanner (1943), a child psychiatrist and Hans Asperger (1944) a pediatrician. They described some children as having flat emotional affect, literal interpretation, and preference for isolation with minimal peer interaction, early verbal development and with no intellectual impairment. These were later referred to as Kanner's Syndrome and Asperger's Syndrome (Lai, Lombardo & Baron-Cohen, 2014).

Since the 1940's there have been a vast improvement in the knowledge of the condition, and research flourished in this field in the 1990's. In spite of the level of research synergy, there is still uncertainty regarding the distinct etiological causes of autism (Lai et al., 2014).

Clinicians refer to diagnostic criteria for guidance when diagnosing ASD from either the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5; APA, 2013), which uses the term Autism Spectrum Disorder, or the International Classification of Diseases 10th edition (ICD-10; WHO, 2010) which refers to the condition as Autism Disorder (WHO, 2010). Both DSM-5 and ICD-10 have similar parameters: ASD is a pervasive neurodevelopment disorder. From a professional perspective, the DSM-5 (APA, 2013) criteria are widely used during the assessment process. For this reason this diagnostic manual will be referred to hereafter. The DSM-5 (APA, 2013) refers to an individual with deficits in social reciprocity, communication, rigidity of thought and sensory processing as part of ASD on a continuum of mild to more severe symptomology (APA, 2013; Buxbaum & Baron-Cohen, 2013). Those with ASD often display difficulties with executive functioning, sleeping, eating, emotion regulation and motor development (APA, 2013). Individuals with ASD may appear less cooperative and present with challenging behaviours such as aggressive outbursts (APA, 2013; Fombonne, 2009; Lai et al., 2014; Wing, 1988; Wing & Gould, 1979).

An earlier diagnosis of ASD enables earlier support for the family, which has been suggested to provide relief to the family (Blum & Talib, 2006; Rogers, 1998a, 1998b) as they benefit from learning strategies to reduce the child's problematic behaviours, which may alleviate parental stress (Baird, Douglas, & Murphy, 2011). In addition, increased educational support and interventions are associated with better long-term outcomes for the individual (Hutton & Caron, 2005; Lord, 1995).

2.2.1 Prevalence of ASD

The prevalence of ASD has increased over the last two decades, which could be related to a combination of many factors including an increase in awareness and understanding of the condition, changes to the diagnostic criteria and more acceptance by parents (Baron-Cohen et al., 2009; Dillon & Underwood, 2012). There are an estimated 700,000 individuals within the United Kingdom (UK) diagnosed with ASD (Brugha et al., 2012), with a ratio of males 3.8 in 1000 to females 0.8 in every 1000 diagnosed with ASD (Taylor, Jick & Mclaughlin, 2013). The rise in those diagnosed with ASD has seen more individuals with the condition being placed in the mainstream education setting and would imply that the educational professionals would need to have a greater understanding and awareness of the condition. Interestingly, research has highlighted that professionals may lack understanding of the condition and struggle to manage them sufficiently in the education setting (Batten, Corbett, Rosenblatt, Withers & Yuille, 2006; Mandy et al., 2016; Tobin et al., 2012). However, a high proportion of these studies are from parental reports rather than from the professionals. Therefore, the findings need to be reviewed with caution, gaining further understanding from the professional about their understanding of ASD and how they manage and feel about the transition would be informative.

2.2.2 Social Communication and Social Interaction

The deficits with social communication and interaction for those with ASD can cause significant difficulties when interacting with other individuals. Degrees of impairment in verbal, non-verbal communication and social imagination

vary across individuals with ASD (Lord, Cook, Leventhal & Amaral, 2000; Wing, Gould & Gillberg, 2011), making understanding verbal communication and instructions challenging, as well as being understood, thus resulting in frustration and not getting their needs met (De Marchena & Eigsti, 2010).

Therefore, individuals with ASD are often viewed as socially awkward and may appear aloof in their behaviour. Some individuals crave social interaction yet find it challenging, whilst others prefer, and are more content, to be on their own (Falkmer, Parsons & Mats, 2012).

2.2.3 Care for Individuals with ASD

Those children with ASD are reported to require more support both within the family environment and externally by professionals in the education setting (Sun, Allison, Auyeung, Baron-Cohen & Brayne, 2014). Their behaviour can be challenging for their parents, resulting in the parents being more stressed in comparison to parents of typically developing children (Brobst, Clopton & Hendrick, 2009; Estes et al., 2009; Hayes & Watson, 2013). Bromley et al. (2004) report that mothers of children with ASD showed an increased psychological distress in a range of psychometric measures. The increase was associated with high levels of child behavioural problems and low levels of informal support within the family (Bromley et al., 2004). Other factors such as sociodemographic, social support, gender, age of the child, birth order are significantly related to increased stress in mothers with a child with ASD (Tomeny, Barry & Bader, 2012).

Moreover, due to ASD being a hidden disability, these parents experience higher stress compared to parents with children having other developmental and somatic disorders (Hayes & Watson, 2013). Research highlights the potential stigma attached to these parents in their 'seeming' inability to manage their child's behaviour in public places (Paynter, Riley, Beamish, Davies & Milford, 2013). This may have implications for how the parents feel their parenting skills are perceived when interacting with professionals.

The support parents provide is paramount for the progression of the child and can be consistently required throughout development (Fenske, Zalski, Krantz, & McClannahan, 1985). Often children whose parents have been able to access training courses on behavioural management and social communication have displayed better skills to manage socially and were shown to have an increased IQ (McConachie & Diggle, 2007).

Due to their difficulty in expressing and understanding how they feel, and combined with an aroused emotional state, challenging behaviour can increase when the child with ASD is not prepared sufficiently and feels distressed (Repp & Horner, 1999). This factor is significant when they are faced with changes, especially when contemplating transition from primary to secondary school as there are several changes occurring simultaneously.

Research with parents indicated that it is more challenging when their child with ASD is educated in mainstream provision. Parents partly attributed this to many professionals not having a sound understanding of ASD and to

managing the individual similarly to their typically developing peers (Batten et al., 2006; Lynch & Irvine, 2009). The parents felt the professionals misinterpreted the adolescents' behaviour resulting in the adolescent being penalised for the traits of ASD (Batten et al., 2006; Lynch & Irvine, 2009). Further information from the professionals' perspective would add breadth to the current research literature.

2.3 Process of Literature Review

The literature search started from a broader perspective to set the scene of what ASD is and gain understanding on education for those with SEN and ASD. For background information I accessed books and online resources such as non-peer-reviewed sources from the National Autistic Society (NAS) and government reports for areas that are relevant to my initial focus of education and highlighted specific challenges for this population (DfE, 2012; NAS, 2016; Symonds, 2015).

This then enabled a narrowed search of ASD and transition of primary to secondary school education from the following journal databases: Child Development and Adolescent Studies, Education Resources Information Centre, Psych Articles, Psych Info, Science Direct and Psychology and Behavioural Sciences Collection. The journal databases were searched with specific keywords: autism spectrum disorder, autism and transition, autism and change of routine and schools, the transition from primary to secondary education and the impact of transition for those on the autistic spectrum. The abstracts were screened to assess their quality and whether the research was related to the field of autism and relevant to the transition period. The

literature was sought with a preference for more current literature written within the last decade as the research has highlighted increased understanding of the condition and with more reference to the challenges and accommodation of ASD in education. Throughout the process of gathering relevant publications, trustworthiness, reliability and validity in a given article were monitored following the Critical Appraisal Skills Programme (CASP, 2017; Appendix 1).

The inclusion criteria in the literature search selected empirical studies that provided insight into the experience of education for those with ASD and were specifically related to the transition period between primary and secondary school. The research literature that was excluded was that outside of the research parameters or commentary research papers.

The range of sources referred to in the literature mainly provide insights from a parental perspective regarding how those with ASD experience the transition, and highlighted the lack of studies from the adolescent and professional perspective. Research that examines the psychological changes of individuals with ASD during transition mainly utilises an experimental design with detailed assessment of varying processing or behaviour in the individuals (Makin, Hill, Pellicano, 2017; Mandy et al., 2015b). In comparison, literature on the challenges about their educational placement or the impacts on parents/families mostly rely on survey design or interviews with parents/professionals.

2.4 Mainstream Education for those with ASD

There are notable benefits for those with ASD to be accommodated in mainstream schools (Batten et al., 2006). As many individuals with ASD are intellectually able, mainstream education provides access to full curricular subjects within their ability, as well as exposure to peer relationships to enhance their social and behavioural skills (Jones, 2013). Students with disabilities have rights to receive the same level of education provisions as typically developing students, with special provisions facilitated by the education provider (Disability Discrimination Act, 1995; Unesco, 1994). Learning and resources therefore need to be tailored to their ability and condition as their disabilities may interfere with accessing the standardised curriculum and teaching methods (Humphrey & Lewis, 2008). Some individuals with ASD are supported through an EHCP or previously a Statement of Special Educational Needs (Hereafter Statement of SEN). Those with this provision may have additional support through one-to-one support or certain specifications identified in the plan to enable the individual to access mainstream education.

The notion of inclusion promotes equality for pupils with SEN (Mandy et al., 2016), yet there are indicators to suggest continual struggles, risk of exclusion (Donno et al., 2010), greater risk of being bullied (Sterzing, et al., 2012), and lower academic attainment (Jones et al., 2009). Professionals also observe increased emotional and behavioural challenges in these pupils (Kaat, Gadow & Lecavalier, 2013). Further understanding from the adolescents' voice on

how the transition impacts upon on their emotional wellbeing is needed as previous research is from parents' and professionals' perspectives.

2.4.1 Transitioning for those with ASD

A facet of the condition relates to difficulties with flexibility of thinking and rigidity in their behaviours (Wing et al., 2011). Those with ASD relish predictability that comes with routine and structure. When experiencing periods of change and uncertainty they can become overwhelmed and anxious, resulting in them struggling to function (Wing et al., 2011). With reference to the change of a school environment, adolescents with ASD function better when provided with both verbal and written information and are prepared through careful planning, with minute detail (Dillon & Underwood, 2012; Makin et al., 2017; Tobin et al., 2012) that is tailored to them (NAS, 2016), as they frequently have difficulties with generalising from setting to setting. Gaining further understanding of whether the adolescent is prepared and how, and if this has an impact upon the adolescents' mental health and wellbeing.

Sensory sensitivities are prominent in individuals with ASD (Gal, Cermak & Ben-Sasson, 2007). Either hypo- or hyper-sensory sensitivity can cause challenges for an individual and alter how they respond to new environments. Understanding their condition is therefore imperative for others to support those with ASD to adapt to new environments (Batten et al., 2006). Parents have reported that adolescents with ASD were affected by different sounds and sensory stimulations in their secondary school (Dillon and Underwood,

2012; Tobin et al., 2012). The size and the age of the secondary school varies, often corridors and canteens are busier and noisier, with more echo due to higher ceilings compared to their primary school (Tobin et al., 2012). These aspects are reported to make transitioning additionally challenging and further exploration on how these facets impact upon the adolescents' ability to access the environment would be informative for the professionals to then tailor the environment appropriately.

Some studies have focused on the parental perspective and their findings are insightful in terms of how parents felt the adolescent perceived the transition (Dillon & Underwood, 2012; Mandy et al., 2015b; Tobin et al., 2012). Interestingly, parental perception of their child's reaction to the transition varied from looking forward to the transition to feeling anxious about the process, showing a range of emotional reactions (Dillon & Underwood, 2012). Makin, Hill and Pellicano (2017) mixed methods approach referred to several inconsistencies in the transition leading to parents and adolescents being dissatisfied. However, the Makin et al. (2017) sample came from one Local Education Authority (Hereafter LEA) that may have limited the generalisation and insights gleaned from Thematic Analysis (Hereafter THA), a THA does not provide the depth of theoretical understanding. Also, the adolescents were recruited from both mainstream and special schools. Even though their ability and deficits varied considerably, the authors did not differentiate their findings between the school types. The current literature available presents mixed reports from parents' perspectives; a more detailed approach is warranted to ascertain how parents' experience the transition. The development of a theory is currently lacking and a grounded theory approach would enable a clearer

more concise understanding of how the parents' experience the transition, this would provide insight to the research field about how the parents experience the transition.

2.4.2 Preparation, Communication and Additional Support

Preparation and planning prior to the transition phase are essential for any adolescent with SEN. Due to variation and severity of traits with ASD preparation and support needs to be specifically tailored to the individual's needs (Ankeny & Lehmann, 2011; Makin et al., 2017). Significant preparation and communication for all involved are instrumental in enhancing the successfulness of the transition for those with ASD (Dillon & Underwood, 2012; Makin et al., 2017; Starr & Foy, 2012; Tobin et al., 2012). In Maras and Averling's (2006) interviews of parents with SEN children, they found that the quality of the communication was valued over the amount by parents. Furthermore, reciprocal communication between different parties has been recognised as beneficial: between the parents and professionals, the primary school and the secondary school, the professionals within the school and then between the internal and external professionals. If there is a breakdown in one of the above areas the parents were likely to then perceive the transition as unsuccessful (Batten et al., 2006; Tobin et al., 2012). It would be beneficial to understand the importance of communication and how it may impact upon the parents' wellbeing and the transition process.

When the parents felt listened to and being involved in the process, it had a positive impact on the transitional process. Most parents whose child had ASD that attended a mainstream provision in the Whittaker study (2007)

reported that they were satisfied with the level of listening provided by the professionals and the professionals ability to make alterations to fulfill the child's needs. On the other hand, parents in Starr and Foy's study (2012) felt frustrated, as the professionals seemed not to listen to them and also gave off the impression that the parents were exaggerating their child's condition and needs. Often parents reported having to inform the professionals how to manage their child better. The literature provides different perspectives, the benefit of understanding why there is disparity could add to improvements for professionals' and parents' moving forward.

Interestingly, the issues of poor preparation are similar across several different countries including Canada (Jackson, Renwick & Fudge Schormans, 2008), Flanders (Renty & Roeyers, 2006), UK (Batten et al., 2006), Belgium (Bitterman, Daley, Misra, Carlson & Markowitz, 2008) and the USA (Kasari, Freeman, Bauminger & Alkin, 1999) where parents have had to argue to receive quality communication and felt dissatisfied with the adapted learning provisions and teaching adjustments their child received to remain in mainstream education.

Parents would prefer to have a supportive knowledgeable team around their child (Starr & Foy, 2012). Several parental studies report that professionals did not have a good understanding of ASD (Batten et al., 2006; Dillon & Underwood, 2012; Tobin et al., 2012). Some felt that having one professional not familiar with the condition had significant implications on the adolescents' wellbeing and adjustment within mainstream education (Dillon & Underwood,

2012). Previous findings in Starr and Foy's (2012) survey study and the parental interviews of Makin et al. (2017) reported that parents of those with ASD were pivotal in acting as their child's advocate to obtain their needs. However these findings are biased towards the parental perspective and research from professional perspective is scarce. The current research would add to the literature and understand the professionals' perspective and their understanding of the condition and how they are supported within the education setting.

At present there is no specific statutory requirement to support an adolescent with ASD during the transition period, unless specified in the adolescents' EHCP or statement of SEN. Without an EHCP or statement of SEN, the parents are often left to prepare and support their child when additional resources are not made available for their child. Interestingly, in the Tobin et al. (2012) study parents judged the successfulness of the transition by whether their child had a statement of SEN or EHCP. Furthermore, parents of those adolescents without a statement of SEN or EHCP reported to have more difficulty obtaining additional support and appropriate resources and to have received less communication from the school. Parents felt their child experienced more distress as a result (Tobin et al., 2012). According to the parents this then resulted in significant repercussions for their child in the future including lower academic achievement, increased adolescent and parental stress (Dillon & Underwood, 2012; Tissot & Evans, 2006; Tobin et al., 2012). In Makin et al. (2017) the support system was highlighted more towards tangible aids such as planners and visual aids to help the adolescents adjust. Further understanding would be beneficial to ascertain the

impacts of EHCP or Statement of SEN on the success of the transition from a broader perspective to also include the adolescents' and professionals' views. In addition, gaining understanding of what the adolescent and professional would gain through the adolescent having an EHCP and how this would impact upon the transition process.

2.4.3 Emotional Responses During the Transition

The parental transitional experiences reported in Dillon and Underwood's (2012) study highlighted that the parents were emotionally consumed when choosing the best secondary school to accommodate their child's needs and whether there were places available (Dillon & Underwood, 2012; Starr & Foy, 2012). Further parental studies have reported that parents are subject to anticipation and increased distress when there is a long delay on being informed regarding the appointed educational provisions for their child (Dillon & Underwood, 2012; Jindal-Snape, Douglas, Topping, Kerr & Smith, 2006; Makin et al., 2017; Starr & Foy, 2012; Tobin et al., 2012).

For some parents, there are significant issues with current secondary school allocation systems in the UK (Tobin et al., 2012). Even though the Children's and Families Act 2014 stipulates parents can state their preferred school placement for their child with ASD, parents reported to have been subject to a lengthy appeal process that increased their anxiety to ascertain a suitable placement (Makin et al., 2017). The quantitative study of Mandy et al. (2015b) used psychometric measures to ascertain the adolescents' emotional and behavioural levels during the transition. The study involved parents, professionals and adolescents to measure adolescents' psychopathology,

adaptive functioning and peer victimisation before and after transition. Interestingly, with the rating from different samples, the findings suggested that those adolescents with ASD had elevated levels psychopathology and problems with adaptive functioning compared to their peers, yet these did not increase during the transition period as there was no change between pre- and post-transition. Some adolescents reported reduced levels of peer victimisation since transitioning into secondary school. This finding is based upon quantitative measures; a qualitative study would be beneficial to give a voice to the adolescents' experience of the transition, to ascertain whether their mental health or wellbeing is impacted during the transition.

Research by Chung, Elias and Schneider (1998) and Mandy et al. (2015b) reported that the adolescent required substantial support during the transitional period yet these were often unrecognised and often unmet. Moreover, it is recognised that those with ASD often have difficulty interpreting their internal state. Therefore they might find completing measures where they have to mark how they feel difficult, if they are not familiar with emotional interpretation (Myles & Simpson, 2002). Dillon and Underwood's (2012) study found the levels of adolescent psychopathology were elevated after the transition. However this was captured from a parental perspective. Makin et al. (2017) investigated the adolescents' anxiety using psychometric measures and reported their anxiety levels were within the elevated range. However, this study covered a four-month period between the end of Year 6 and the start of secondary school. There was no baseline comparison to determine whether the' anxiety levels were elevated or typical for each individual. Previous parental studies report adolescent distress and

reduced wellbeing (Dillon & Underwood, 2012; Tobin et al., 2012), yet the adolescents' perspectives thus far are quantitative and give a mixed representation (Mandy et al., 2015b; Makin et al., 2017), the adolescents' experience is lacking. The current study would add to the literature giving the adolescents' perspective a platform and understand whether their mental health or wellbeing is altered during this period.

The research findings present disparity surrounding the adolescents' emotional state during the transition using different research methodologies and samples, further exploration would be of benefit for those supporting the adolescent during this period.

2.4.4 Challenges with Peer Interaction

Pratt and George's (2005) qualitative study explored typically developing adolescents' experience of transitioning to secondary school. Their findings revealed that the adolescents were worried and fearful about their peer relationships after the transition (Pratt & George, 2005). Peer relationships are a concern for typically developing adolescents prior to transitioning. This notion is more profound for adolescents with ASD as developing peer relationships specifically is challenging due to impairments with social communication and interaction (Lord et al., 2010; Wing et al., 2011).

Research with parents frequently reported that peer relationships could be challenging for their children due to deficits with social interaction and communication (Lord et al., 2010; Wing et al., 2011). Often parents felt peer support is pivotal in ensuring a smooth transition and were increasingly

anxious about their child being bullied, victimised and making friendships (Dillon & Underwood, 2012; Jindal-Snape et al., 2006; Makin et al., 2017; Tobin et al., 2012). Interestingly, in the study of Tobin et al. (2012) parents reported that their child experienced less peer victimisation and bullying during the transition and overall in the secondary school environment, compared to primary school. However, research into the adolescent experience of the transition period and how they feel about peer relationships during this stage is limited. Makin et al. (2017) reported that some of the adolescents were concerned about forming friendships due to previous bullying at primary school. Some were worried about their difficulties with social interaction as well as transitioning to a different school away from their peers. It should be noted that the Makin et al. (2017) findings were based on one LA and there was limited clarification as to whether the adolescents received additional support and, if so, what it involved. Further adolescents' experiences are warranted to understand how they feel about the transition and whether peer relationships is important during this stage.

Carrington, Templeton and Papinczak (2003) studied how students with Asperger's syndrome view friendship and social interactions. Their findings concurred with previous studies in that those with Asperger's have difficulties with the nature and reciprocity of friendship (Carrington et al., 2003; Connor, 2000; Marks, Schrader, Longaker, & Levine, 2000). Interestingly, the adolescents themselves lacked insight into these deficits (Carrington et al., 2003). This difficulty that the individual has in understanding their own feelings is a parameter of ASD (Myles & Simpson, 2002). Contrary to this, the adolescents in Makin et al. (2017) comprehended the challenges they faced

with peer interactions and developing friendships. However, deeper exploration of the studies revealed shortcomings such as the difference in whether the parents were present in the interviews. As Myles and Simpson (2002) interviewed the adolescents on their own whereas Makin et al. (2017) interviewed the adolescent alongside their parents. Moreover, Makin et al. (2017) used visual emotive cards and mind maps to support the adolescent expression of their feelings. Also, Myles and Simpson's (2002) participants were older than the Makin et al. (2017) participants and the research was more specifically related to peer relations, whereas Makin et al. (2017) focused on the transition experience.

In addition to social difficulties, students with ASD may experience behavioural and emotional problems and be more affected by their restricted range of interests. These issues would hinder peer interaction to varying extents (Myles & Simpson, 2002). Orsmond, Krauss, and Seltzer's (2004) examination of peer relationships and social activities for those with ASD emphasised the need for actual participation in social activities as part of social skills development.

Although several studies refer to the adolescents' difficulties with establishing peer relationships and being the victim of bullying (Batten et al., 2006; Dillon & Underwood, 2012; Makin et al., 2017; Tobin et al., 2012) there is limited understanding of the adolescents' transitional experience or procedural policies to increase peer relationships and reduce negative peer interactions. There is limited understanding of how the adolescent with ASD felt about their peers and their skills in interacting with unfamiliar peers.

Thus far the research literature present inconsistencies in their findings. There are different methodological approaches used and with different age ranges and abilities. These attributes can have a significant impact on the research findings. Further exploration of the role of peer relationships with the adolescent and the professionals would be valuable to understand how adolescents see peer relationships during the transition and how adolescents can be supported with regards to peer integration.

2.4.5 Potential Difficulties during Transition

During the transition into secondary school there are several changes occurring, and given the several facets of ASD, this can become challenging and reduce the adolescents' ability to function (Wing et al., 2011). The adolescents' inability to generalise and their deficits with predictions can increase emotional distress. Moving to a new unfamiliar environment, with new teachers and peers can be difficult for those with ASD. In addition, the new stimuli in the school environment may cause the adolescent to experience sensory overload. These aspects can make transitioning additionally challenging and should be taken into account when introducing these individuals to their new school environment.

2.4.6 Professionals' Understanding of ASD

Within the literature the professionals' understanding of ASD from a parental perspective is reported as poor (Batten et al., 2006; Dillon & Underwood, 2012; Tobin et al., 2012), and parents felt students with ASD were perceived as having challenging behaviour and being disobedient (Myles & Southwick,

2005). Some teachers expressed that they lacked specific training on how to adapt their teaching practice for those with ASD and felt ill equipped to sufficiently teach them (O'Rourke & Houghton, 2010). Some professionals recognised that parents were frustrated with the unmet needs of their child (Finke, McNaughton & Drager, 2009), which resulted in increased stress for teachers, frustrations for parents and the young people (Finke et al., 2009; Starr & Foy, 2012). This may be attributed to the professionals' lack of awareness and training when supporting those with ASD (Batten et al., 2006). Out of the professionals interviewed by Batten et al. (2006), only five percent had received specialised training on ASD. On the other hand, other professionals in the educational setting felt that specialised provisions were made for children with ASD and their parents (Batten et al., 2006).

The professionals with the appropriate resources and knowledge of ASD are able to make adjustments and adaptations to the transition process to accommodate those with ASD (Dillon & Underwood, 2012; Makin et al., 2017). Although parental reports in Dillon and Underwood's study (2012) indicate that some teachers with knowledge and understanding of ASD go the 'extra mile', there was no consistency in terms of their knowledge and skills of working with pupils with ASD. A collaborative approach between primary and secondary schools was needed to support adolescents to transition across in Makin et al. findings (2017). The professionals at primary schools felt that the adolescent would benefit from preparation and to develop independent skills ready for the move to secondary school (Makin et al., 2017). However, those in secondary school appreciated that primary school professionals were not as aware of the procedural and support differences between the primary and

secondary school. Interestingly, the findings within Makin et al. study (2017) lacked insight into how the primary and secondary schools could work better together or what improvements needed to be made for a successful transition and how the professionals themselves felt about the transition. The THA approach may have limited the understanding gleaned from this period, whereas Grounded Theory (hereafter GT) would provide more depth about the view of the partnership between primary and secondary schools.

Parents have recognised that professionals are limited in what they can provide due to the curriculum and attainment demands and ever increasing rise in teacher burnout (Philipp & Kunter, 2013; Starr & Foy, 2012). Some professionals have noted that having a specialised ASD unit in the school is an advantage to accommodate the needs of those with ASD (Mandy et al., 2015b). Parents have been identified as an expert on their child and their guidance would be a useful resource for professionals to understand the condition and develop adjustments to practice (Feinberg & Vacca, 2000; Starr, Foy & Cramer, 2001). Yet the parents perception was that they felt left out of the transition process and their knowledge and experience of their child's condition was not being valued (Turnbull, Turnbull, Erwin, & Soodak, 2006).

Gaining further insight into how professionals perceive their role and competence in supporting adolescents with ASD through their school transition will fill in a gap in the literature. In addition, it would be insightful to know how professionals adapt their practice in the education setting to support those with ASD during the transition.

2.4.7 Professionals' Involvements with Transition

The importance for a smooth transition from primary to secondary school has been endorsed within educational policy (Morris & Pullen, 2006). The Pyramid Club was developed as a transitional support package for professionals to support vulnerable students and included a preparation manual and a ten-week programme. The children, parents and teachers evaluated the programme as successful (Shepherd & Roker, 2005). However, it was recognised that further pilot studies would be needed before the programme was endorsed. Since this period, continued research indicates ongoing disparities and inconsistencies during the transition practices and process overall (Dillon & Underwood, 2012; Evangelou et al., 2008; Makin et al., 2017; Mandy et al., 2015b; Mandy et al., 2016; Starr & Foy, 2012; Tobin et al., 2012). Evangelou et al. (2008) study on the transition process for all adolescents across the education system adopted a mixed-method approach by combining questionnaires with parents and adolescents, and case studies from parents, adolescents, and professionals from primary and secondary school. The findings from across six LEA's highlighted the need for consistency, integration into secondary school and communication across all involved in the transition to ensure a successful transition. However, the focus was on a successful transition so those that may have experienced difficulties were not referred to in the findings. Even after these recommendations were made in 2008, further parental reports still suggest several inconsistencies in the transition management for those with ASD (Dillon & Underwood, 2012; Tobin et al., 2012) despite effective transitional projects and transitional

procedures being researched (Evangelou et al., 2008; Shepherd & Roker, 2005).

Mandy et al. (2016) developed a support aide for those with ASD transitioning: the Systemic Transition in Education Programme for Autism Spectrum Disorder (STEP-ASD). Professionals were supportive of the STEP-ASD transitional framework and emphasised the need for transition to be planned and structured for those with ASD. The STEP-ASD is in the early stages and needs further evaluation to assess its effectiveness. However, even when professionals were reported by parents to be knowledgeable about ASD, it did not translate to the adolescents' needs being met in practice (Tobin et al., 2012)

The literature referred to is mainly reliant on a parental perspective that may be a biased opinion on the transition period, the management and ability of the professionals and how their child experiences the transition. There is minimal research on the professionals' and adolescents' experience of the transition. Those studies that have captured their experience are either a survey or based on a THA approach. Overreliance of these types of approaches can render the findings and be less valid. In addition the THA studies have a low number of participants that may affect the themes arising in the study as there are limited numbers of perspectives obtained, whereas more participants may provide different themes. Another criticism of the THA approach is that it provides emerging themes without specifying the relationships or making recommendations for improving future practice.

The gaps in the literature will be presented in the following section and previous research and limitations explored.

2.4.8 Gaps in the Literature

Few studies have examined the experience of adolescents with ASD during their transition from primary to secondary school. Previous research reviewed so far has given some insight on areas that provide a successful transition for those with ASD. Yet the findings are piecemeal and sometimes inconsistent due to methodological limitations (See Table 2.4.9). The bulk of the research recognised that several areas make it a time of upheaval for the parents and the adolescent due to deficits with communication, preparation and planning. Yet, these findings were reported mainly from a parental perspective (Batten et al., 2006; Makin et al., 2017; Tobin et al., 2012). There are also inconsistent findings with regards to the adolescents' level of anxiety and adjustment issues during transitional time.

Note that, of the limited studies available, most focus on the parents' experience and perception and with varying methodologies across a long timespan. It is therefore difficult to interpret the various and sometimes contradictory findings in the literature as a whole.

Although the transition involves the parents, the adolescents and the professionals as a collective partnership research from all parties is sparse. The literature reviewed only one other study that included all perspectives

(Makin et al., 2017), yet the qualitative findings are constrained by the limitations of a THA methodology (See Table 2.4.9).

The adolescent perspective is particularly invaluable and it would be empowering for the young people to feel their experiences are valued (Harrington et al., 2014). However, out of eight studies reviewed in Table 2.4.9, only three included adolescents in the sample and two specifically related to the transition. Mandy et al. (2015b) quantitative study focused on the adolescents' psychopathology levels during the transition. Their findings suggested that those with ASD did not have increased psychopathology during the transition. Yet this is different to parental reports of the same period and adolescent data included in Makin et al. (2017). Makin et al. (2017) collated all of the parties involved in the transition. Their findings offered important insight into this period of change: while parents reported difficulties with the right school provision, the adolescent expressed the lack of preparation and desiring peer interaction and valuing the practical support aids supplied. The professionals valued communication and the need for preparation, yet with limited understanding or personal experience. Overall the study focused on the importance of the system connecting together to support a successful transition. Yet, this mixed method study with a THA approach is more descriptive and less focused on exploring the interconnected relationships and theoretical implications for future practice.

Only three studies listed in Table 2.4.9 explored the professionals' perspective. The inclusion of professionals in Mandy et al. (2015b & 2016) studies focused around the adolescents' psychopathology during the

transition and reviewed the STEP-ASD as a supportive aid, but were not specifically related to the professionals' experience of the transition as a whole. Makin et al. (2017) did include professionals yet they were from one LEA and did not relate to how the professionals felt about the transition. It would be important to explore further from the professionals' perspective what resources and support are available to them to manage the adolescent with ASD during this period. It would be beneficial to investigate aspects that are successful in the professionals' support and identify barriers that hinder their management of the process. In addition professionals who are responsible for educational policies and have the potential to make alterations to make this process more accessible would benefit from being informed by research findings with a broader perspective and more systematic approach in the methodology.

Moreover, there are noted limitations with methodological approaches adopted in the previous research. Even though the information captured in some survey studies is insightful (Batten et al., 2006; Mandy et al., 2016; Starr & Foy, 2012), the sample size in most of them was too small (See Table 2.4.9). Some participants did not continue with the study at a later time point, leaving some findings harder to make sense of without a baseline comparison (Dillon & Underwood, 2012; Tobin et al., 2012). The participants who dropped out from the study may have provided different insights into how the transition was experienced and influence the findings reported. Some of the studies (Dillon & Underwood, 2012; Makin et al., 2017) followed a mixed method approach. However, it can be difficult to interpret the findings across two distinct samples with different analytical approaches.

Several qualitative approaches use THA (Dillon & Underwood, 2012; Makin et al., 2017; Tobin et al., 2012) from either interviews or focus groups. THA is an amalgamation of individual's experiences to form a collation of themes. It is not a reflective method that incorporates the researcher's interpretation of meaning to make sense of a collective experience (Riessman, 2005). In addition, the research using THA reviewed in Table 2.4.9 had limited numbers of participants. One of the recommendations for a THA is a minimum of six participants. A lower sample may influence the validity of the research findings (Guest, Bunce & Johnson, 2006). The depth of the research findings can be further constrained with the use of THA being less interpretative and more descriptive (Charmaz, 2006). No study has yet presented an in-depth analysis of data from a broader perspective or attempted to synthesise the various findings to produce a theoretical account for this important period. Also, it can be difficult to make recommendations for improvements for future practice due to the inconsistent findings and a lack of depth and breadth from the literature reviewed in this chapter. Therefore, this highlights the need for a more theoretical understanding of the whole phenomena through a holistic lens.

2.5 Rationale for the current study

The aim of this research was to formulate a holistic theory of the school transitional process that adds depth of understanding and a human voice to existing disparate research findings. The theory will be informed by views and experiences collated from parents', adolescents' with ASD and from

professionals' supporting the adolescents. It aims to provide further understanding into areas that have been recognised as lacking in the current research literature; to understand the adolescents' experience of the transition and whether it impacts upon their mental health and wellbeing. In addition, further insight into the parental experience of the transition. Gaining an in-depth understanding of the professionals' knowledge on ASD and how they feel about the transition process. The objectives of the research were to firstly present a theory of the school transitional process from a wide range of perspectives. Secondly, the applications of the theory can be used to inform practice and improve support for the adolescents and their families. Finally, the implications in light of the findings for Counselling Psychologists will be examined, not only in terms of their own clinical practice but also when supporting professionals as part of a MDT.

The present research investigated the different perspectives by exploring the broad range of experiences using a qualitative approach, yet with a robust analytical stance. Therefore, semi-structured interviews with adolescents with ASD, their parents and professionals were used to explore the varied experiences of the transition from primary to secondary school and the interviews were analysed using Charmaz's (2006) approach of GT to develop a theory for this period in time. Interview questions were devised to ascertain aspects that are currently debated within the recent literature (Appendix 2).

Charmaz's GT approach was deemed the most suitable to address the research aim, as it would reduce the limitations presented in other studies. GT

is a thorough qualitative approach and I would be immersed into the datum. This approach consists of an intensive process of analysis, to enable the collective understanding of a phenomena (Länsisalmi et al., 2004), where I would be re-immersed into the data until the point of saturation. Then a theoretical understanding of transition will emerge through the data to capture the meaning of transition to these populations and recommendations for future processes. This is in contrast to alternative approaches such as THA that are not as in-depth, interpretative and do not reach saturation of new information.

This chapter has set the context for the current study, where I have demonstrated there is a limited research literature in this field and critiqued previous studies and the need for further exploration. The subsequent chapters present the current study in terms of the methodology used and the theory for each of the three perspectives: parents, adolescents and professionals. The methodological approach of GT (Charmaz, 2008) will be explored in Chapter 3 alongside the development of a transitional time framework (Chapter 4). The following three chapters present the data findings and overarching theory presented for each population. Then an overall discussion will summarise the key findings from all populations.

Table 2.4.9 presents recent studies specifically related to transition for those with ASD, commencing from the oldest study to newest

Author and Publication Year	Sample	Methodology	Main Findings	Strengths	Limitations
Batten, Corbett, Rosenblatt, Withers & Yuille, (2006)	National Autistic Society (2005) 1271 parents of school aged children England and Wales. Interviews 13.5% response rate	Survey – 1271 parents Interviews 25 children with ASD across England and Wales.	What families with ASD want from the education system – The right school for every child with autism – over half parents felt had no choice over the school their child attended. 36% did not receive adequate support. 19% felt special education setting would be more suitable. The right training for every teacher – 35% of parents were happy with the understanding of ASD within the education setting. Families were unhappier with secondary school teachers understanding. The right approach in every school – limited support within the education setting. 43% report it took over 12 months for support provisions to be put into place. 40% parents report this had negative impact on child's mental health. 27% of children did not receive stipulated support. 38% reported their child was bullied.	Biggest survey carried out at this time point on education for those with ASD Recommendation to support: Parents with school choices whether mainstream or special school. Support parents Training teachers on ASD Support inside the classroom Support outside the classroom – break times Autism friendly schools	Difficulty with specific findings relation to timeframes of education. Recommendations are quite broad across the education system The findings do not present demographics or whether the data findings were from the survey or the interviews. No review as to whether the findings were implemented

<p>Starr & Foy (2012)</p>	<p>Ontario (Canada)</p> <p>144 parental questionnaires</p> <p>Completed by 89.9% mothers – 3.5% fathers, 5.6% both parents.</p> <p>Children consisted of</p> <p>119 males vs 24 females aged 4-18. Mean age 8.9 years.</p>	<p>Mixed methods using</p> <p>Questionnaire refined version developed by Starr, Foy & Cramer, 2001. Contained 106 questions, with Likert scale and open ended questions.</p> <p>No specified methodology for qualitative, referred to themes.</p>	<p>Gained parental themes on their child with ASD across the education setting aged between 4-18:</p> <p>School suspensions – 15.6% had received a school suspension. Others were concerned about the possibility.</p> <p>Attitudes of other toward the child – parents felt that their child had been portrayed or received prejudice from school or others parents.</p> <p>Satisfaction or dissatisfaction with education – half were 'somewhat satisfied' or dissatisfied with their child's education. Higher proportion of younger children were satisfied (50%)</p> <p>Ultimate goals for the child – similar to all parents of wanting their child to be happy.</p> <p>What the parents feel their child needs – 42% referred to the teacher being educated on ASD.</p>	<p>Number of participants reached;</p> <p>Good return rate</p> <p>Reliable significance of statistical findings on Likert scales and calculated percentages.</p> <p>Parents recruited across different districts</p> <p>Number of participants reached;</p> <p>143 – 144 completed additional comments on the open ended questions</p> <p>Good return rate 91%, needed two reminders</p> <p>Broad range of areas of improvements for education as a whole</p>	<p>Most parents experienced the pre-settling in phase</p> <p>May have included dissatisfied parents</p> <p>Subjectivity and limitations of qualitative research</p> <p>Data collated in 2006 from previous study, findings refer to that time period.</p> <p>Parental report only.</p> <p>Only 3 parents at secondary school</p> <p>May have included dissatisfied parents</p> <p>Subjectivity and limitations of quantitative research. The questionnaire was not validated.</p> <p>Data more heavily biased towards younger children before age of transition. 60.9% kindergarten age range.</p> <p>Children were not all attending mainstream, 12.5% special education setting and 31.3% combination of general and special education settings.</p> <p>Findings may be skewed as over a large age range, findings difficult to relate to specific timeframe in education.</p> <p>Themes were preconceived through the open ended questions – directed by the researchers.</p>
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<p>Dillon & Underwood (2012)</p>	<p>Focus groups – 9 parents pre-transition & 6 post transition.</p> <p>Interviewed pre-transition – 13 parents children aged 10-11 9 interviews after being in secondary school for half a term.</p> <p>Post -transition 6 parents children aged 11-12</p> <p>Recruited through National Autistic Society and parent support group</p> <p>No location given</p>	<p>Mixed methods</p> <p>Quantitative:</p> <p>Measured positive and negative referents during focus group analysed by two coders. Then the number of referents were analysed by chi-square</p> <p>Qualitative: interviews were analysed thematic analysis</p>	<p>The findings suggested that as the parents used mainly negative referent prior to the transition, this was perceived as a negative time.</p> <p>The themes that emerged from THA were:</p> <p>Impact of past school experience affecting experience at current school – parents anticipated that the transition would be traumatic for all the family</p> <p>School approaches to transition Current – hopes & concerns</p> <p>Future – hopes & concerns</p> <p>Communication between school and home</p> <p>Understanding of autism in schools</p> <p>Problematic individuals staff members (Referring to the impact of 1 or 2 teachers on the child)</p> <p>Sensory & physical issues</p> <p>Children's expectations and coping strategies</p> <p>Pivotal role of peer support</p>	<p>Different time points across the transition</p> <p>Identified – themes that were important</p> <p>The significant changes of the negative referents during the pre-transition phase. Yet no comparison to others studies.</p>	<p>The use of thematic analysis as an approach is less rigorous compared to GT</p> <p>2 children did not continue to access full time education – understanding specifics</p> <p>Five parents did not complete post transition interview</p> <p>Small sample size for THA</p> <p>The combination of the two different methods do not seem to complement each other, the quantitative added that the parents used more negative referent pre-transition, yet the THA referred to challenges over all of the transition. It may conclude parents were more anxious at the pre-transition phase.</p>
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Tobin et al (2012)	<p>Pre-transition Focus Group – 7 parents</p> <p>(5 mothers 2 father)</p> <p>(1 female, 5 males; Aged 10-11)</p> <p>5 – Asperger's. 2 comorbid ADHD. 1 ASC, Dyspraxia & speech & language impairment.</p> <p>Post-transition (18mths after) telephone interview (4 parents)</p> <p>North-East to South-East England</p>	<p>Thematic Analysis</p> <p>Focus group</p> <p>(Several researchers independently analysed and compared interpretations)</p>	<p>THA – 4 main themes</p> <p>Themes –parental perceptions main theme – The function of education for the child.</p> <p>The child's needs and abilities.</p> <p>Sub-themes –</p> <p>Preparation:</p> <p>Parental preparation</p> <p>These themes reported that the parents were not happy with the preparation; felt it should start in Year 5. There was a lack of suitable schools.</p> <p>Parents did not feel professionals understood.</p> <p>Schools preparation – Parents would prefer tailored transitions for their child's needs. With ASD friendly transition days led by secondary school SENCo.</p> <p>Parents felt staff should be aware of the diagnosis and be sufficiently trained.</p> <p>School communication:</p> <p>Networks of communication –</p> <p>The parents felt communication should be between school and parents, across primary and secondary school, within the school and outside agencies. One break in communication can impact on transition.</p> <p>The impact of failing to understand ASD –</p>	<p>Good use of before and after the transition time referents.</p> <p>Identified areas that could make improvements for the future – key being: preparation, communication to enable the parents/child to cope and adjust better.</p> <p>Different locations of participants.</p>	<p>Co-morbid conditions</p> <p>Having all the parents together in focus group can have impact on others if the parents attending were more positive/negative may prevent others from speaking or direct the focus of others comments.</p> <p>7 parents' data analysed using the THA may present biased themes</p> <p>Only 4 parents took part in the post transition.</p> <p>Some drop out of parents as they attended special school – yet no reason why.</p>
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			<p>This impacted upon the recognition of communication.</p> <p>Coping:</p> <p>Anxiety – surrounding parental worry of their child being happy with secondary school and the transition would not progress smoothly.</p> <p>Parent own role and adjustment – viewed themselves as fighters/pushy</p> <p>Adjustment – parents had to adjust their expectation of their child for the future</p>		
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<p>Dillon, Underwood & Freemantle (2014)</p>	<p>14 ASD (11- males/3 females – aged 13.57) & 14 control group (9-males/5 – females – aged 13.43) adolescents</p> <p>West Midlands</p> <p>Participants from one school</p>	<p>Mixed, quantitative</p> <p>Questionnaires - teenage inventory of social skills.</p> <p>- Quality of student-teacher relationship scale.</p> <p>- BERS-Youth Subscales: School functioning, interpersonal strengths.</p> <p>Qualitative -</p> <p>- Content analysis</p>	<p>Understanding the comparison of mainstream school for those with and without ASD.</p> <p>The questionnaires were read out loud by the researcher and then the adolescents' answers were recorded:</p> <p>Content analysis:</p> <p>Understanding of own behaviour – some of those with ASD demonstrated reflection on their behaviour.</p> <p>Peer interaction and social skills – both groups stated they were important. Those with ASD had 1 or 2 close friends, whereas control had wider friendship group. Those with ASD referred to being disturbed by friends in class and both groups preferred group tasks.</p> <p>Relationship with school staff – all participants referred positively to the teaching staff. Those with ASD valued the support inside and outside of lessons.</p> <p>Homework – both groups were negative, those with ASD verbally expressed it, the difficulty of school work at home.</p> <p>Statistical analysis overall no difference between ASD and control group.</p> <p>Content analysis – overall positive about school and teaching. Viewed peer relationships differently, smaller peer group for those with ASD. Preferred slower, guided teaching approach and valued support more so than typically developing students.</p>	<p>The use of previously tested questionnaires</p> <p>A comparison group of typically developing peers.</p> <p>Those with ASD being able to reflect on practices and their own feelings.</p> <p>The sample size of both ASD and control group.</p> <p>Highlights the positives of qualitative analysis – as quantitative displayed no significant differences to control group. Yet the qualitative – subtle differences.</p>	<p>The researcher was familiar with the students – could be both a strength and a limitation as the students may feel comfortable or be concerned about what to express.</p> <p>Discussion directed by the questionnaires.</p> <p>Limited understanding of those with ASD condition and severity, if they were entitled to additional support.</p> <p>Findings more specific to one school</p> <p>Smaller secondary school than usual (600 students)</p>
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Mandy et al (2015b)	<p>Parents, teachers and adolescents Mean age 11.29yrs</p> <p>Pre-transition (28)</p> <p>post transition (20)</p> <p>Questionnaires completed 2009-2010 transition</p> <p>Greater London or south west area.</p> <p>Comorbid conditions</p>	<p>Questionnaire at pre-post transition</p> <p>Prior to study completed Autism Diagnostic Observation Schedule (ADOS) and Wechsler Intelligence Scale for Children (WISC-IV)</p> <p>Parents and teachers completed: Strengths and difficulties questionnaire (SDQ) and The Vineland Adaptive Behaviour Scales (VABS-II)</p> <p>Parent and adolescent completed:</p> <p>Schwartz Peer Victimization Scale (SPVS)</p> <p>Adolescent completed:</p> <p>Beck Youth Inventories (BYI-II)</p>	<p>Transition from primary to secondary for those with ASD.</p> <p>Transition did not appear to alter levels of adaptive functioning, psychopathology and peer victimisation</p> <p>Results indicate higher levels of psychopathology across pre-post transition, relating to typically developing adolescents in the age range on the rating scale.</p> <p>Only mainstream schools</p> <p>Bullying levels fell from primary to secondary – parents perspectives</p> <p>Recommended to look at school characteristics.</p> <p>Recommendations of looking at positive of school transition</p> <p>Suggests support needed for those with ASD</p> <p>Identified those with higher ability levels still have significant needs.</p>	<p>Advertisement to reach a large population</p> <p>Use of valid questionnaires Captured different perspectives</p> <p>Recognised that the population has significant support needs that often go unmet.</p> <p>Identified undiagnosed intellectual disabilities</p>	<p>Comorbid disabilities findings may have been due to different conditions.</p> <p>Self reporting questionnaires – limitations of objective findings Aspects that were suggestive of being alleviated were not explored as to reasons. The significance rating may have altered findings Specific areas and schools in greater London and south of country. Missing post data only 20 completed at follow-up. May alter power and generalisability of findings. Understanding environmental or societal influences on the child Focuses on negatives and difficulties</p> <p>No control group</p> <p>4 participants completed questionnaires earlier than others – may have altered the results Further understanding the school that the adolescent transitioned to.</p> <p>Whether the adolescent has additional support.</p>
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Mandy et al (2016)	<p>37 participants.</p> <p>20- from Mandy et al's (2015b)</p> <p>17 – 2011 transition 2 no data</p> <p>Interviewed teachers</p> <p>Greater London or south west area.</p>	<p>Mixed methods</p> <p>Questionnaire data</p> <p>SDQ</p> <p>Social communication disorders checklist (SCDC)</p> <p>WISC-IV</p> <p>Interviews with teachers analysed by thematic analysis</p> <p>1-intervention group (17)</p> <p>1-control group (20)</p>	<p>The research focused on feasibility and accessibility of the Systemic Transition in Education Programme for Autism Spectrum Disorder (STEP-ASD) programme that Mandy et al (2016) developed. The aim was to see if it reduced the emotional and behavioural problems at school.</p>	<p>Developed informative strategies for the secondary school professionals to use.</p> <p>Improved awareness of ASD and offered guidance and strategies</p>	<p>2 – missing post data – estimation of data collated may affect accuracy of findings.</p> <p>Not all fully implemented programme</p> <p>Understanding whether there were benefits of the study and cost implications for the schools to pay for STEP-ASD</p> <p>Results biased towards adolescents school presentation, yet many with ASD alter behaviours at home</p> <p>Focused on improvement for professionals</p> <p>Previous involvement with schools – other research</p> <p>Not a blind study</p>
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<p>Makin, Hill & Pellicano (2017)</p>	<p>One local authority – close to London</p> <p>15 autistic children</p> <p>(7 at mainstream, 8 at special school)</p> <p>All had a statement of SEN</p> <p>16 parents/ Guardians</p> <p>Professionals – primary school teachers pre-transition – 13</p> <p>post transition secondary school teachers - 5</p> <p>four-month period from pre-transition and post-transition</p>	<p>Mixed methods</p> <p>Completion of cognitive assessment - WASI</p> <p>Questionnaire data –</p> <p>Social Responsiveness Scale –SRS</p> <p>Sensory Profile – SP</p> <p>Spence Child Anxiety Scale for Parents – SCAS-P</p> <p>Interviews – parent, child and teachers thematic analysis</p>	<p>Explore successful school transition for those with autism, parents and teachers.</p> <p>Understand school and system level.</p> <p>Quantitative:</p> <p>ASD symptomology was minimally related to school type allocated</p> <p>No relationship between verbal ability and autistic symptomology and success of transition</p> <p>Children did not find school type mainstream/special school a factor in successful transition</p> <p>Minimal findings with no significance</p> <p>Qualitative Themes emerged</p> <p>Child – (14)</p> <p>School is a challenge – overall disaffection towards school</p> <p>Difficulties adjusting to new setting – size and acclimatising to different demands of secondary school. Preference for physical support aids and transitional visits.</p> <p>Continued social difficulties – support system – challenges with their peers – being excited and apprehensive – loss of familiar relationships</p> <p>Not fitting in – aware of difficulties – not accepting new secondary school – rejecting their new special identity</p>	<p>Completed thorough investigations prior to study commenced – IQ testing, Diagnosis, Statement of SEN –</p> <p>Pre-post measures of same participants</p> <p>Captured all areas – teachers primary and secondary, parents and children</p> <p>Informing elements and experiences of the transition for all involved.</p> <p>Seemed no difference between cognitive ability, ASD functioning and symptoms and school type for the success of the transition</p> <p>Transition success more affected by school choice, primary school preparation and communication.</p>	<p>Methodology of qualitative TA produced themes not meaning and interpretation</p> <p>One local authority</p> <p>No measure whether anxiety was increased due to transition or always this measure</p> <p>No understanding why parents went to special school – or how they chose it.</p> <p>The study included those with a Statement of SEN – yet limited understanding of those without this provision</p> <p>1/3 children had comorbid ADHD</p> <p>High proportion of parent/child interviews completed in school – may have influenced information shared.</p>
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			<p>Parents (14)</p> <p>Educational aspirations</p> <p>It's going to be difficult but it's what has got to happen</p> <p>Fighting to get their child's needs met – insufficient secondary provision to meet their child's needs- bureaucratic appeals process – schools often unhelpful responses to their children's needs</p> <p>Constant feeling of pressure – significant impact on their everyday lives – anxiety provoking process</p> <p>Primary school teachers (13)</p> <p>Secondary school (5)</p> <p>Pre-transition –</p> <p>Fear of unknown Secondary is very different context – organisational discontinuities – social discontinuities</p> <p>Children needs plenty of time to prepare</p> <p>Post transition – Preparing for the demands of secondary school – greater liaison between the two school phases – fostering greater flexibility</p> <p>Importance of child involvement in decision making</p> <p>Understanding the needs of the child a new context</p>		
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Chapter 3: Methodology

3.1 Introduction

The methodology section evaluates different approaches and provides understanding of the approach for the current study. The research literature describing the transition from primary to secondary school for those with ASD provides information on the challenges that parents and adolescents face during this time. Previous research in this field has focused mainly on the parents' perspective (Dillon & Underwood, 2012; Tobin et al., 2012). The impairments caused by the condition can make the transitional experience challenging for all involved, including the adolescents, the parents and the professionals. However, research that placed equal emphasis on the perspectives of all parties involved – adolescents, parents and professionals is scarce (Makin et al., 2017; Mandy et al., 2015b), making more in-depth understanding of the transitional phenomena reported in the literature very difficult. Presently there is also a lack of theoretical understanding of the phenomena associated with the transitional process experienced by pupils with ASD. Therefore, a theoretical understanding based on broader perspectives from all involved in the process rather than a limited focus on the views of parents is much needed to understand more fully the adolescents' experience of the transition and the interplay between the 'systems' and individuals' role and their relationships with other parties.

The GT approach is useful for researching related phenomena where minimal research is available by systematically collating participants' lived experiences

to develop a holistic theory, as opposed to the testing and verifying of existing theories that Interpretative Phenomenological Analysis (hereafter IPA) focuses upon.

The next section will explore the potential methodological approaches and present the rationale for the chosen method. The procedures in which the datum were collated and analysed will also be presented.

3.2 Methodological Approach

Quantitative research is instrumental in providing statistical outcomes and establishing causal relationships. A quantitative study of the transition period would be insightful and informative. However, methods that aim to test a hypothesis are less productive to meet the research objectives of the current study since research into the transition process for pupils with ASD is currently scarce. The limitations of utilising a quantitative approach are the lack of in-depth information captured from the participant's perspective, which can be explored in more depth in qualitative approaches. There is also the issue of limited scope in observing the participant's non-verbal responses as well as the lack of opportunity to clarify the meaning behind inferences with the participant.

On the other hand, a qualitative approach would allow the participants to describe and explain their perspectives more fully, helping the development of meaning and understanding of social phenomena (Lincoln, Lynham & Guba, 2011). The transitional process as it is experienced by the adolescents, families and professionals would offer valuable insights and offer a platform

for improving the practitioner's awareness and knowledge of the impact of ASD on the transitional experience and inform their current practices (Silverman, 2000). The current practices that provide a smooth and streamlined transition could be disseminated to others to improve the adolescents' experience.

Even though quantitative research can adopt a constructivist framework (Mackenzie & Knippe, 2006), qualitative approaches allow the researcher to become immersed into the data. Through this process the researcher becomes more sensitive to and gains a deeper understanding of the individual's experience and the emerging relationships (Lincoln & Guba, 1985; Mack et al., 2005). The qualitative approach allows the researcher to look holistically at the experiences of the adolescents and those supporting them. This approach thus complements the positivist paradigm that is founded upon a philosophical viewpoint that seeks to gain understanding from observable and measurable facts of subjective experiences (Hale-Haniff & Paszler, 1999). An amalgamation of both quantitative and qualitative approaches form a mixed method approach and is rooted in *triangulation*, which aims to increase the validity and credibility of research findings (Creswell, 2009). This approach was adopted in Dillon and Underwood's study (2012) and the Makin et al. (2017) study with the use of questionnaires and a THA. However, there is a contrast between the philosophical underpinning of the two different paradigms and it has been argued that as the opposite paradigms have rigid boundaries, the findings of a mixed method approach can be fundamentally flawed and unfeasible (Johnson, Onwuegbuzie & Turner, 2007).

Interestingly, the qualitative approaches are considered naturalist and humanistic approaches to understand social reality (Shah & Al-Bargi, 2013). Akin to the foundation of counselling psychology which is rooted in the humanistic approach, gaining a deeper understanding of the view and perception of the individuals involved in the transition to secondary school seemed most fitting for the current study when compared to quantitative approaches (Willig, 2001).

3.3 Different Qualitative Approaches

The qualitative research method is a complex paradigm with diverse and nuanced approaches to data analysis and interpretation (Holloway & Todres, 2003). At the initial stages of the research, the main qualitative approaches were considered in light of the research aims, including IPA, THA, Discourse Analysis (hereafter DA) and GT.

THA is a widely used qualitative research method due to its accessible and flexible approach to data analysis (Roulston, 2001). Braun and Clarke (2006) defined THA as a process of exploring the data to identify emergent patterns. The process of THA has been used within many analytic formats and some have suggested it is more useful when incorporated within another approach (Boyatzis, 1998; Ryan & Benard, 2000). However, THA is more restrictive in its interpreting and contrasting the participants experiences to assess areas of similarities and differences, which are important to develop an overall view (Braun & Clarke, 2006). As the focus of this research was to develop a more coherent understanding of the transition process from different populations involved and to offer a theoretical framework to explain the dynamic between

the process and experiences, THA would not provide the vital analytical process for this research.

IPA is a widely used qualitative approach to gain an in-depth understanding of a given psychological phenomenon. It is good at giving the area of research a voice and conceptualising them from a psychological perspective (Larkin, Watts & Clifton, 2006; Smith, Flowers & Larkin, 2009). Therefore, exploration of the patterns of meaning occurring in the individuals' experiences is related to a theoretical construct to explain the participants experiences. This idiographic approach uses a homogenous sample, however it is limited in the breadth of information gleaned on the area of interest (Barbour, 2007) and has been suggested as being too subjective (Malim, Birth & Wadeley, 1992). As IPA advocates smaller participant numbers, the experiences captured may only relate to a small proportion of the population which may reduce the generalisability of the findings (Smith et al., 2009). IPA has been identified as a good method to support or critique existing theoretical understandings of a phenomenon. The current research area has yet to develop a theoretical framework. As the current study aims to theorise the experience of transitioning to secondary school from a diverse and substantial sample, it is therefore not compatible with the recommendations of IPA (Smith et al., 2009).

DA examines the individual's language used within a social context to explore linguistic patterns and meanings behind their language to form identities and understand reality (Chandler, 2000; Jorgensen & Phillips, 2002). The process of DA focuses on structures of meaning and their associated uses of linguistic

forms. Its exploration of how the use of language has evolved then shapes social, cultural and political practices (Gee, 2005) and moves away from the current research focus. Although, the language formation and meaning for understanding the participant's experience is essential, it is only part of the theorising process in the current study.

Initially derived to gain awareness of the process of dying in hospitals, Glaser and Strauss (1967) developed a theoretical understanding of this phenomenon that is grounded in empirical data (Heath & Cowley, 2004; Walker & Myrick, 2006). In GT, there was a blend of the systematic and quantitative methodology with the immersion of the researcher to uncover a depth of understanding found in interpretative qualitative approaches (Charmaz, 2000; Dey, 1999). The benefits of utilising the GT approach are in the accumulation of information gathered from a variety of contexts and backgrounds (Strauss & Corbin, 1990). Through the different perspectives a complete overview, a theory, is developed to allow a collective understanding of the phenomenon in question. Therefore, GT is considered the most appropriate methodological approach "*when a phenomenon has not been adequately described, or when there are few theories that explain it*" (Skeat & Perry, 2008 p. 97).

As a coherent theoretical foundation of the transitional process does not presently exist, findings from a GT study would be informative for those about to experience the transitional process as well as beneficial for improving services, and defining interventions for practitioners to utilise to enhance the service they provide (Stacks & Trinidad, 2007). In comparison, the other

aforementioned qualitative approaches would be restrictive in the depth, scope and level of understanding gained. In the first instance of analysis, GT uses similar methods to that of THA. Commonalities identified in the data would generate themes that may be present during the transition process, yet the mere extraction of themes in THA does not offer insight into the effects upon the participant during this period. Moreover, IPA is a method that explores an idiographic experience of a particular focus but it does not offer the scope to explore the collective yet diverse experience of transition for those with ASD and those who support them.

To summarise, the most appropriate approach to address the research aim and objectives in this study is the GT approach (Charmaz, 2006; Glaser & Strauss, 1967). The researcher can become immersed within the intricate nature of participants experiences and understand their viewpoint (Barnett, 2012). This is closely related to the foundation of counselling psychology, promoting reflexive practice by allowing the therapist to reflect on their practice and the clients meaning, this then facilitates a deeper understanding of their client's perspective (Douglas et al., 2016). Moreover, in addition to my standpoint, I also have experienced the transitional process both as a parent whose child has ASD and in a professional capacity supporting adolescents with ASD, their families and professionals. Therefore, the Constructivist GT of Chamaz (2006) was a more suitable approach for this current research as it recognises that I would be immersed in the data and accounts for the impact of my experience in the analytical process. The following section will discuss the GT approach fully.

3.4 Grounded Theory

The GT approach first described by Glaser and Strauss (1967) provides a theoretical perspective through systematic exploration in a deductive manner to explain human behaviour (Glaser & Strauss, 1967). This was a comparatively new concept at the time, as GT aimed to develop a new theoretical understanding rather than to verify an existing theoretical assumption, particularly on topics lacking in research literature, which was relevant in the current study (Walker & Myrick, 2006). Charmaz (2006) considers that GT has a variety of methods and approaches and that the researcher should choose the most suitable GT approach for their research aims.

Of the different GT approaches, Glaser's (1992) approach remained positivist in essence where the researcher was seen as unbiased and utilised a comparative analysis. In contrast, Strauss aligned with Corbin (1998) following a pragmatic underpinning, which values the researcher's assumptions and knowledge base and feels that they are vital in the research process, thus they are not able to remain neutral in analysis. There are similarities between Strauss and Corbin's (1990) and Charmaz's (2006) GT approaches in that both value the researcher's insight, beliefs and their subjective experience during the analytical process and interpretation of individuals experiences (Charmaz, 2006; Engward, 2013; McCann & Clark, 2004). However, Strauss and Corbin's (1990) GT approach is focused upon a rigid coding paradigm and systematic process, underpinned by the belief that reality is socially constructed and does not represent external realities. Yet, Charmaz's constructivist GT assumes multiple realities, providing the space to

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incorporate voices and visions of the participant's lived experiences rather than focusing on one area of concern alongside the researcher's interpretations. Glaser (1992) referred to Strauss and Corbin's (1990) GT approach as rigid and hindering theoretical emergence, mainly leading to conceptual description rather than the formation of GT. Strauss and Corbin's (1990) approach has been criticised due to the researcher being removed from the data set to focus upon the research process (Byrant, 2007; Heath & Cowley, 2004) and Glaser (1992) referred to their approach as being too forceful which resulted in 'preconceived categories' (Charmaz, 2006). In addition, Charmaz's (2006) relativist and reflective stance allows the researcher to co-construct meaning in an interactive process alongside the participants, akin to the counselling psychology ethos. This study captured the transitional experience of an individual with ASD, a parent and a professional and my interpretation, alongside my vested interest as a parent and a professional. As the constructivist GT approach delves into the participant's values, beliefs and ideologies, it was most appropriate for my standpoint, and as a parent and a professional (Breckenridge & Jones, 2009).

The development of the theoretical framework is through an inductive process following a systematic set of procedures. The variation of GT approach suggests different analytical processes of the data. In Strauss and Corbin's (1990) approach there is a rigid coding paradigm with three phases: open coding involves word by word coding to allow named categorisation of the phenomena; axial coding provides comparison between codes and process; selective coding is the formation of categories and the relationship to others

(Charmaz, 2006; Engward, 2013). This rigidity can constrain the researcher's subjective interpretation as the focus is around conceptualisation of the component parts of the theory, removing emphasis of the psychosocial dimension. This is in contrast to Charmaz's (2006) recommendation of connecting with the psychological experiences of the individual and interpreting the meaning felt throughout. This is why during the research process I did not use axial coding as it is a rigid method to focus the researcher on the causal relationships between processes, context and consequences. Charmaz (2006) recognised that this process can remove the researcher from being within the research focus and I wanted to remain immersed and focused on the research aims.

All GT approaches follow a rigorous comparative analysis process yet Strauss and Corbin's (1990) method has several dimensions to follow, differing from that of Charmaz (2006). Charmaz's (2006) analysis process (See Figure 3.4.1) is defined by theoretical sampling through initial coding, focused coding, possible axial coding, the use of memoing throughout and theory development. Charmaz's (2006) emphasises reflexivity during the memoing process, which meant a continual process of reflecting on the participant's experience and my understanding and interpretation of their experience whilst considering my own experience within the interpretation during the back and forth process.

The formation of an early theory develops through the initial stages of the analysis process, memo writing allowed expansion of the relationships between the emerging categories. Then the analysis progressed into

integration of codes and categories and interpretations of the meaning were derived for each participant, this continued until new knowledge and experiences were saturated (See Figure 3.4.1; Charmaz, 2006). This process of maintaining a reflective journal enabled me to monitor and be reflexive about the constructed interpretations of the participant's world and meaning from their standpoint as well as keeping the influence of my own presuppositions in check (Casper, 1998). My previous experiences with those with ASD, both as a parent and professional, including my viewpoint as a trainee Counselling Psychologist, all informed my own perspective as an individual and standpoint as a researcher. These aspects were reflected on throughout the analytical process including the theoretical sensitivity stages, the development of the semi-structured interview alongside the consideration of the theoretical sampling, initially after the interview and in more depth during the analysis stages at the advanced memoing stages.

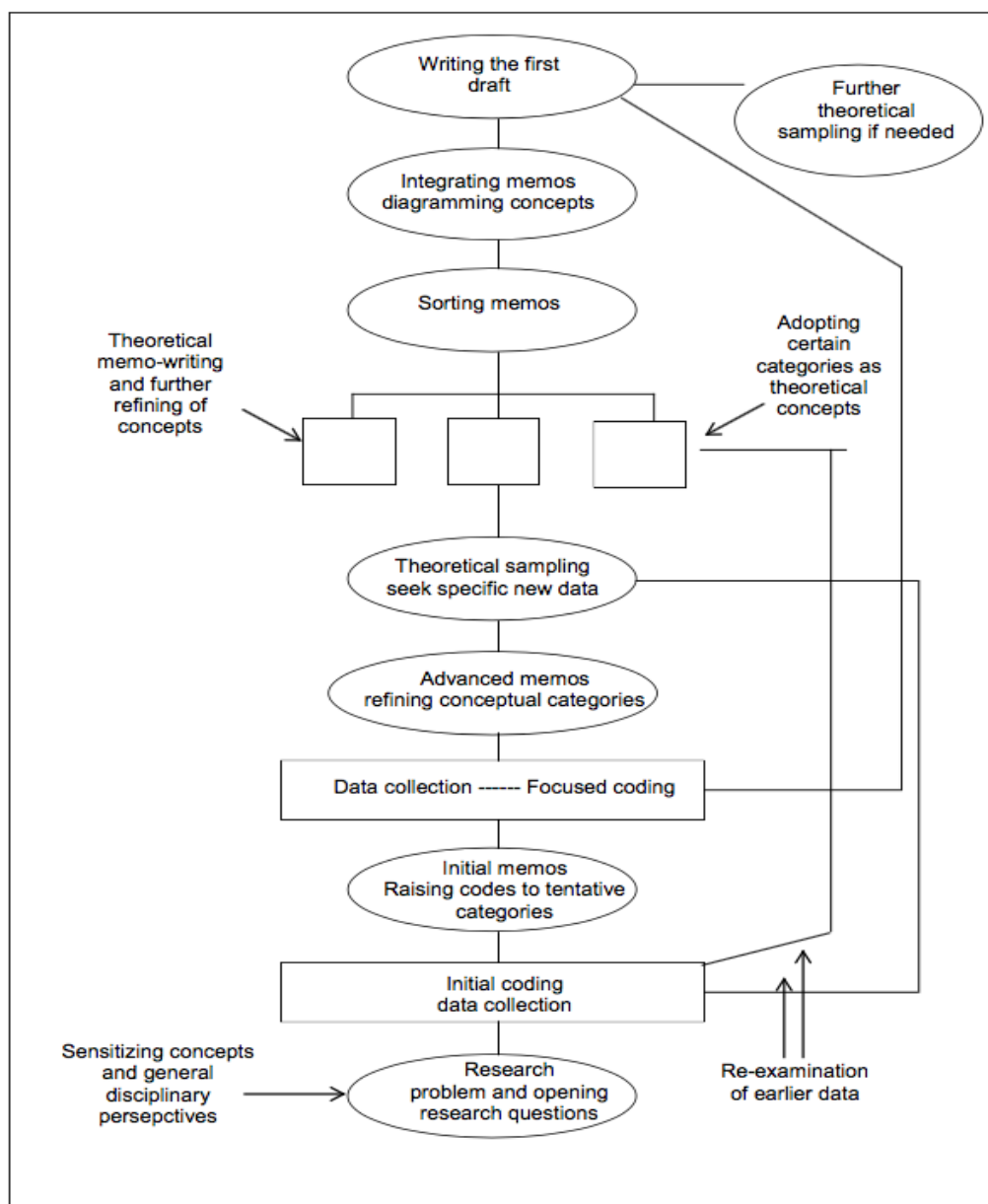


Figure 3.4.1: The constructivist grounded theory process (Charmaz, 2006: p. 11)

The analytical process represented in Charmaz's (2006) diagram was followed in the current study and will be discussed in the following sections.

3.5 Sampling

Different perspectives of the transitions were obtained through recruitment of adolescents with ASD, their parents and professional supporting the adolescents and their family. The participant's inclusion criteria were:

- Adolescents aged between ten and fifteen years of age diagnosed with ASD to capture their experience from pre-transition phase to those before they make another significant transition into completing their G.C.S.E's,
- Parents of an adolescent diagnosed with ASD, with experience of supporting their child through the transitional process.
- Professionals supporting those with ASD during the transition process within primary or secondary schools including SENCo, teachers, teaching assistants (TA) and learning support mentors.

The GT approach is explorative and has unspecified parameters of the number of participants needed (Creswell, 2007). Continuation of the research process was guided by no new information of the transition experience being expressed by the participants and is referred to as saturation (Charmaz, 2006). Those involved in the research do not need to represent all of society but their inclusion should enable the generation of a theory to understand this phenomenon (Mason, 2002).

3.6 How Participants were Recruited

Recruitment of participants was through school provisions, ASD organisations and ASD support groups. The participants were recruited from different counties across the United Kingdom to reduce area bias and offer a wider perspective. The process of identifying potential participants was completed on the Internet for mainstream education provisions, ASD organisations and support groups. Potential participants were contacted via relevant organisations using verbal, written (Appendix 3 & 4) and electronic means. I made contact with 45 primary and secondary schools within a 100-mile radius

across the West Midlands area of which three schools responded to discuss the next stage in the research process.

One Midlands ASD organisation that promoted the study had access to 1881 parents, alongside several national ASD organisations and support groups on their database. From this link twenty participants contacted myself. Of these, twelve participants (parents and adolescents) met the criteria and proceeded to a face-to-face interview.

The other participants made contact after they had received information about the study, one parent participant was recruited through a snowballing technique via another parent who participated in the study. In total, there were twenty-two participants recruited for the study, eight professionals, nine parents and five adolescents. Both mothers and fathers were recruited at the initial recruitment stage. Unfortunately, the fathers initially recruited were unable to arrange a suitable time to complete the interview due to unforeseen circumstances. The detailed participant information is presented at the start of the analysis chapters for each population (See Tables 5.1.1, 6.1.1, 7.1.1). There was a larger proportion of the participants that resided in the Midlands region and a few participants from Coventry, Brighton and Hove area.

Understanding that those with ASD can find interaction with unfamiliar people difficult, there was an alteration to allow those with ASD to be accompanied by a familiar adult if they so chose. However, some insightful viewpoints were captured and this issue will be discussed in more depth in Chapter 5.

3.7 Design of the Study

The design enabled an in-depth understanding and immersion into the participants own experience of the transition period in keeping with a reflexive approach. The use of a semi-structured interview enabled flexibility to collate such experiences whereas a structured interview would have been restrictive and placed constraints on the parameters of the discussion (Appendix 2).

Examples of the questions used throughout the semi-structured interviews are below:

Parents and adolescents:

- How have you found the transition experience?
- What support have you had during the pre- and post-transition?
- How you have felt during this period? Is this different to how you normally feel and if so why?
- How has this experience impacted on you and your family?
- How has the experience impacted on you/your child?

Teachers and professionals were asked:

- What is your experience of teaching/supporting those with ASD?
- What support is put into place for a young person on the autistic spectrum when they transition to secondary school?

3.8 Ethical Approval

The research was conducted and adhered to the British Psychological Society 'Code of Human Ethics Research' and 'Code of Ethics and Conduct' (BPS, 2006; BPS, 2009) and monitored to ensure that practice complied with ethical

considerations. The research complied with the University of Wolverhampton's protocol to obtain ethical approval. The completion of the Res 20 (Appendix 5) was submitted to the Faculty of Education, Health and Wellbeing Ethics Panel and approved on the 20th November 2015 (Appendix 6).

To give the participant confidence that the information within the interview would remain confidential, I reiterated the important aspects outlined in the information sheet and the consent form (Appendix 7, 8). The adolescents received a child-friendly information sheet and consent form, (Appendix 9, 10) and needed parental/adult consent form. This complies with ethical guidelines and protects the participant's rights. All were informed that if they made reference to themselves or others being at risk of harm then confidentiality would be breached (BPS, 2009). This matter did not arise in the present study.

The participants were informed that their information would be anonymous and any identifiable information would be altered and pseudonyms would be used when referring to them in the research. Participants were informed of their right to stop the interview process at any stage during recording and had a two-week period post-interview to abstract their information, after this point the information would become merged with the other data.

Semi-structured interview questions (Appendix 2) were utilised as prompts to direct the participant's responses. Prior to the interviews consideration of whether the questions may evoke an emotional reaction in the participants and the use of the learnt skills from the counselling psychology doctoral

programme were accessed and merged throughout the interviews to monitor the participant's wellbeing. After the interview there was a period to assess the participant's emotional wellbeing and they were provided with a support pack (Appendix 11).

The transcribed audio recordings contained a pseudonym for all the participants and were safely stored on a password protected desktop computer. The audio recordings and the transcribed interviews were saved onto different password protected folders. All the information will be securely deleted two years after the research qualification is obtained.

3.9 Method of Data Collection - Interview

Through collaboration with participants, the interviews were conducted on an individualised basis. Interviews were held at convenient times and locations for the participants, some held within the participant's own home, at a local community centre, or within the school.

During the initial meeting the participants were fully informed of the process, confidentiality, consent and wish to remove their data from the study, once this was clarified then consent was obtained (May, 2002). Consent was revisited during the interview and at the end of the process.

All the interviews were recorded, and for the mothers it commenced with information on family demographics, ASD diagnosis, this offered insight into their understanding of the condition. For adolescents, background information was obtained and their understanding of ASD, and for professionals,

background information on their professional role and familiarity with the condition was gained. The interviews commenced by initially inviting the participants to offer their experience on the transition period to reduce experimenter bias (Creswell, 2007). The interviews varied in time from 15 minutes to 1 hour 45 minutes. After this they were offered the opportunity to receive information on the overall research findings.

After the interview, time was allowed during the process for my own feelings to be captured whilst in the process of reflectivity (May, 2002). This enabled reflection on prominent points to be captured immediately after the interview then continued as data analysis ran concurrently after each interview. This process facilitates theory development as the early coding was sensitive to data collection and emerging categories.

3.10 Data Analysis

Data analysis followed a constructivist version of GT and is an essential component of the research process through immersion into the audio recording during transcription and allowed the individual's experiences to be constructed into meanings (Charmaz, 2006). The initial analysis also continuously informed the ensuing interview schedule. Unique to the GT approach, the data analysis process is simultaneous to the ongoing interviews. A process of detailed memoing, recording reflexive accounts and further immersion to gain a deeper understanding was followed for each transcript.

Initial line-by-line coding was conducted by analysing each segment, identifying emerging codes and commenting on relevant emotions or areas emphasised by the participant (Appendix 12, 13). The line-by-line coding allowed closeness to the data, with the data to be seen in a new light. For example, the excerpt *"frightening because we usually... I haven't... I'm just trying to wrack my brains"* (Victoria (professional) lines 99-100) was initially coded as *'emotional reaction when unprepared to cope'* and later placed in the *'concerns over their role in supporting the adolescent during the transition'* category. As analysis developed this was compared to other interviews where *'concerns over their role in supporting the adolescent during the transition'* was mentioned until saturation and no new further concepts with regards to the professionals' view on the transition emerged.

A computerised software NVivo collated the emerging codes and, when possible, in-vivo coding was used to retain the participant's meaning and symbolic terms (Appendix 14 & 15). For example, what Lily described as *"the nitty gritty"* (line 362) for the process of gathering the wealth of information that related specifically to the adolescent was later used to capture the Professionals' theory. Throughout the initial coding, coding categorised segments with labels with interpretative meaning allowed the data to be sorted into relevant segments (Charmaz, 2006).

The process of focused coding enabled the analysis to progress by focusing on the most salient and prevalent codes in the data. This process allowed modification and codes to be refined from the larger extracts of data ensuring it was grounded to the original data (Charmaz, 2006). During the analysis of

each, and between participants, the codes were focused upon to allow constant comparison (Appendix 13 & 14). Identification of the individual's experiences, actions and interpretations allowed new concepts to emerge, this led to new areas of exploration and potential emergence of codes.

As thorough exploration continued, the focused coding became more concise and precise (Appendices 14 & 15), this detailed process of refinement and reflection facilitated categories to emerge. For example, the professionals' understanding of ASD was prominent throughout the interviews, the initial code of '*vague awareness*' category was then renamed to represent the data more appropriately during focused coding to '*ASD awareness and understanding*' category. The codes were captured on a spreadsheet to monitor the development relevance and evolving nature of the quotations (Appendix 13). Alongside the spreadsheet I used NVivo, which monitored and amalgamated the codes (Appendix 14 & 15). An early theory was developed (Appendix 16-20) after more information became available. A continuous process of refinement through memoing (Appendix 21) and reflection was carried out until the category '*ASD awareness and understanding*' was developed as part of the Professionals' theory.

Exploration of events that occurred within the data were carried out according to the relevance and significance of the processes and organised in sequential order. For example, the original code '*the initial phase*' related to the beginning of the transition process in the transitional framework (Chapter 4). During this phase the mothers were visiting potential secondary schools. A quotation from Grace "*me doing all this visiting around schools was completely irrelevant*" (lines 224-225) was captured in the '*finding a suitable*

secondary school' sub-category in the Mothers' theory (Chapter 5 section 5.4.1).

The theoretical saturation is a critical component of GT, and through a constant comparison of data, the hierarchal nature and interaction of the categories is explored in order to develop the theoretical explanation of the research topic (Elliott & Lazenbatt, 2004). A process of constant review allows the participant's story to emerge through without force as well as a detailed examination on the relationships amongst the categories and sub-categories for achieving coherence and theoretical direction.

The analysis process progressed to theoretical coding whereby the earlier codes were analysed to examine the interrelated nature and relationships of categories to integrate into a theory representing each population's storyline of their transitional experience. Theoretical coding was applied rather than the axial coding preferred by Strauss and Corbin (1990), as axial coding that implies converting the text into concepts whereas theoretical coding is focused around the emergence of the substantive theory. The current study actively applied Charmaz's constructivist GT approach. Charmaz (2006) acknowledges that researchers may use axial coding to relate categories and concepts. Charmaz (2006) recognised that the researcher may become more focused upon the application of the coding paradigm than the emergence of theory when utilising Strauss and Corbin's (1990) method. Charmaz (2006) considered the use of axial coding and stated it *"may extend or limit your vision depending on your subject matter and ability to tolerate ambiguity"* (Charmaz, p. 61, 2006). In essence the researcher is not responding to and interacting with the datum presented by their participants by using the axial

coding. This can remove the researcher from datum immersion and impact upon their interpretations and process of theory formation.

The data was continually compared and contrasted to allow the emergence of the codes and categories to be explored at later interviews (Appendix 16 - 20). This process allowed the theoretical sampling to cease as saturation was reached. Another aspect that is an essential component of constructivist GT is memoing (Appendix 21) that allowed insights and reflection on the codes and thoughts about the analysis to be captured and then considered for further exploration (Elliott & Lazenbatt, 2004; Glaser 1992; Strauss & Corbin, 1998). This process allowed me to actively acknowledge and reflect on my own experiences to build on theory construction in line with Charmaz's approach (2006). The use of visual representations allowed further understanding of the connection of the categories. These aspects allowed theory emergence for each participant and continuation of development into the final theoretical assumption.

3.11 Trustworthiness

The trustworthiness of the research was achieved through a combination of different processes that consider credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). The following will present how these processes were utilised in the present study in turn.

Following Charmaz (2006), the credibility of this study is achieved by the process of constant comparison of the rich and diverse collection of viewpoints from participants recruited across the United Kingdom from different LEA's and organisations at different times. The credibility of this

research is further increased through prolonged engagement with the data collection and analytical processes, as well as my familiarity with the subject matter, both as a parent with a child with ASD who had completed their schooling and as a professional supporting those experiencing challenges with ASD. Participants were informed they were able to refuse to continue or remove their information, these elements increase credibility (Shenton, 2013).

Guba and Lincoln's (1989) technique of 'progressive subjectivity checks' also contributed to credibility through the use of 'reflective commentary' on my initial thoughts, emergence of patterns and development of theories and changing expectations and interpretations in journal entries. The resulting audit trail established in a reflective journal and memoing kept me closely aligned with my interpretations of the findings and kept potential influences of my biases in check (Appendix 21).

Skills that I obtained from the course and through professional development allowed rapport to be developed with the participants supporting an open and honest interview experience. This is especially important with adolescents with ASD who might find speaking with an unfamiliar adult challenging. This is key to the transferability aspect of trustworthiness. As the data came from participants with diverse perspectives and experiences, the transferability of the research findings is further enhanced.

The research was also presented at the annual conference by the Division of Counselling Psychology (July, 2016). Feedback from different viewpoints regarding the topic and the methodology at the conference was fruitful in recruitment of potential participants and encouraged reflective memoing following the conference. I became more aware of how the findings would be

applied to differing contexts and I learned the importance of providing various audiences with a detailed description of the research process. The dissemination and write up of the study would facilitate replication of the current study in the future. These elements are supportive of the transferability and dependability processes.

Regular supervisions with my supervisors enabled neutrality, which allowed dependability and conformability to be maintained. Thorough discussions on my interpretations of the data with my supervisors allowed for biases and my subjectivity to be explored and supported me to retain a level of detached closeness. The involvement of detailed discussions during supervision, peer review and reflexive practice allowed constant questioning throughout the research process and acknowledgement that the findings represented the participant's experiences and allowed me to consider how the theories had evolved.

3.12 Rigour of the Study

To ensure the rigour of a qualitative approach a succinct approach to a high standard is necessary (Elliott, Fischer, & Rennie, 1999; Mays & Pope, 2000; Parker, 2004). The research complied with the Charmaz's (2006) GT approach which is acknowledged as a good standard founded on a wealth of research literature. Recommendations for a pilot interview are suggested as good practice (Silverman, 2000), and this was utilised in the current study. The pilot interview was deemed appropriate to be included in the data analysis. To develop a robust coherent analysis it is beneficial to have two researchers. However, this was not possible within the constraints of the doctorate research, although I was supported by supervisors who were

instrumental in offering their interpretations for excerpts used in the research.

Within this chapter the GT method has been presented as the most appropriate for the current study, with a detailed account of the research parameters and approach. The following chapters explore the development of the transitional framework and each individual theory for mothers, adolescents and professionals in turn.

Chapter 4: The Transitional Framework

4.1 Transitional Framework

The transitional framework was developed from the accounts given during research, this chapter explains the framework in more depth. During the interviews it became evident that there is a transitional framework that those transitioning will go through, this applies to all the professionals involved in the processes as well. The Education Act 1996 (section 316) stipulates that all children be included within mainstream education unless the education provisions were unsuitable for the individual's needs or it was against their parent's wishes. After this period, up to 71% of individuals with ASD were being educated within mainstream provisions (DfE, 2012). This has seen an increase in the prevalence of students with ASD being educated in mainstream provision, although there are recommendations that the individuals with ASD have their needs met through a tailored package there are no indications as to how the education provision provide such support or how resources have increased to meet the demands of the increased number of students with ASD. Even though there are variations in the procedure and detail followed by the professionals across schools and local educational authorities, the timeline for events was similar across all as indicated by certain categories prevalent across all domains in the analysis of the three samples. To prevent continual reiteration, a transitional framework was developed to represent the common transitional pathway for easier understanding.

There are three phases in the transitional pathway (Figure 4.4.1). Phase 1, the initial process would usually start to be considered during Year 5 although for professionals they are starting to prepare for transition earlier, with some work being completed with feeder schools as early as Year 2 to familiarise the youngsters with their prospective school, depending on the child's needs. The main process of selecting an appropriate secondary school completes during Year 6 by October. After parents are informed of the secondary school placement in the following spring, Phase 2 begins. This is a time when parents can appeal if they are not happy with their allocated provision.

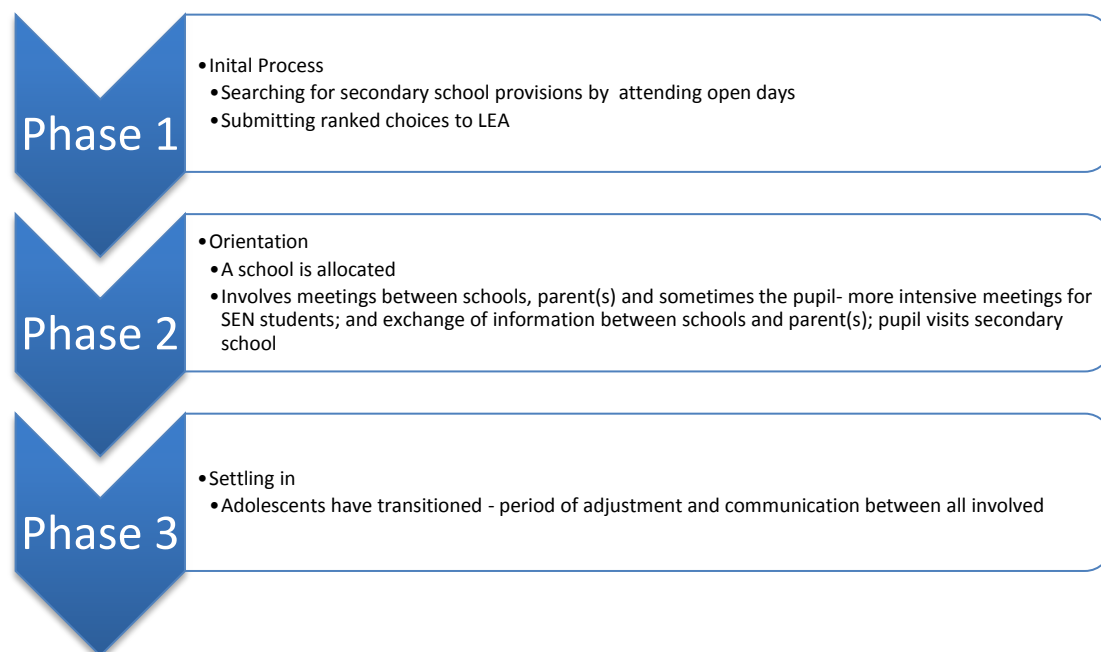


Figure 4.1.1: Transitional framework

4.1.1 Phase 1

The Initial process is where parents start to consider the secondary school for their child. The transitional framework starts at different times, as parents whose child had ASD seemed to look into secondary school provisions earlier compared to parents with neurotypical children in the present study. This

emphasises the concern over finding the right school and preparing themselves earlier. Yet for typically developing children there seems an increasing rise in parents starting to consider secondary school earlier in the child's education before Year 6 (Evangelou et al., 2008).

To gather information on secondary schools, parents may discuss with friends, peers, and professionals or attend open evenings or information days. From the professionals' perspective, they promote their school through open evenings and early information days for the adolescents and their parents.

4.1.2 Phase 2

Orientation occurs after March/April in Year 6 when the professionals, parents and adolescents are informed of the secondary school allocated for the children. Transition meetings are prevalent between parents, professionals and adolescents in this pre-transition stage, where information about the adolescents is disseminated and discussed. Transition meetings with parents and the young child are less common for neurotypical children. The adolescents with ASD are also likely to attend more transitional visits and receive additional transitional information compared to their peers without ASD. During this phase the professionals are informed of additional support the adolescent is entitled to on their EHCP or statement of SEN. The EHCP is to provide additional support to youngsters with additional needs within education, health and care services up until they are twenty-five years old. The Children and Families Act (2014) specifies that those individuals deemed to require additional support due to an impairment that significantly affects their ability to learn compared to the majority of children their age, or are

diagnosed with a disability that prevents them from accessing the available educational resources compared to peers their age should receive adequate provisions. These provisions would ensure their needs are accommodated whether they have a statement of SEN or EHCP in place or not. An assessment is conducted to ascertain the individual's needs so professionals are able to provide sufficient support. The EHCP is inclusive of parents, carers and the young person's views during the implementation stages and applies to all education provisions. Interestingly, those youngsters with ASD were the largest proportion of children with a statement of SEN (Audit Commission, 2002).

4.1.3 Phase 3

Phase 3, the settling-in period, occurs after the adolescent has transitioned. During this stage the information gathered in Phase 2 has been distributed among professionals and additional or different arrangements may be made available to the adolescent with ASD. There may be communication between parents and professionals for those SEN students. The adolescents begin to adjust to the secondary school environment and familiarise themselves with the professionals. The settling in period varies in length, and is dependent on the secondary schools management of the adolescents' needs and the adolescents themselves.

Although the framework is a reference to inform of the process that all adolescents experiencing transition will pass through, the actual detail and nature of the transition framework varies across schools. The level of time and information derived during Phase 2 is dependent on resources, the schools

procedures and whether the adolescents have additional needs. During the interviews with the mothers and adolescent those with ASD received a more detailed process during all of the phases. When this was not accommodated it had an impact upon the mothers' and adolescents' emotional responses.

The Mothers' theory will be presented in the next chapter.

Chapter 5: The Transitional Emotional Rollercoaster

5.1 An Overview of the Mothers and their Child's Diagnosis

This chapter presents the theory of the mothers' experience of the transition period. Firstly the mothers and their child will be introduced. Then an exploration of the Mothers' theory, '*the transitional emotional rollercoaster*', will be presented and discussed. The chapter will conclude with an overview of the theory along with the storyline and elements that impact on or appease the emotional responses of the mothers.

The parents that took part in the present study were all mothers. The mothers were recruited from regions across the United Kingdom under different LEA's: Staffordshire, Birmingham, Brighton and Hove LEA. Information on the seven mothers interviewed is presented in Table 5.1.1 As they were at different stages of the transition process, this provided a more comprehensive representation of the mothers' transition experiences.

The majority of the mothers chose a secondary school that was outside of the child's catchment area, following guidance and recommendations from other parents or professionals. Three of the mothers were directed towards a secondary school with a specialised ASD unit for their improved management of those with ASD. The outcome of moving to a different secondary school outside of catchment area was that the adolescents were away from the familiarity of their peers. It seemed that this was linked to some of the adolescents' adjustment and heightened anxiety during Phases 1 and 2 of the transitional framework (See chapter 4) referred to in the Adolescents' theory. However, it was more of a priority for the mothers that the secondary school

had good management and awareness of ASD. Many of the mothers referred to challenges with peers experienced at primary school, so some thought this would offer a fresh start for their child.

Table 5.1.1. Detailed information of the mothers interviewed

Pseudonym names for those interviewed	Other family members	Employment Status	Child's school	
(Stage of transition)	(Age of Diagnosis in parenthesis)		Level & Type	EHCP support hours
Hannah (49) Adam (14) (*2) (2 years post)	Husband^	Full-time	Secondary with ASD support unit	15 hours
Eva (36) (3 years post)	Older daughter Son (15) (*2)	Part-time	Secondary with ASD support unit	25 hours
Elisabeth (42) Faith (12) (*8) (Phase 3)	Husband Younger son^ Younger daughter	Full-time	Secondary school	None
Lois (38) (1 year post)	Husband Male Foster son Three older daughters Daughter (13) (*8)	Full-time	Secondary school	None official– but has continual one to one now
Esther (44) Dan (11) (*8) (Phase 2)	Husband Younger son	Part-time	Secondary with ASD support unit	20 hours primary – 30 hours secondary
Paula (35) (Phase 3)	Husband Oldest son (11) (*11) 2 younger sons 1 younger son*	House-wife	Secondary school	None
Grace (50) Hope (11) (*4) (Phase 3)	Husband Two older daughters Younger son	Full-time	Secondary school	None

* = Family member diagnosed with ASD

^ = Family member suspected to have ASD or undergoing ASD assessment

Hannah was interviewed alongside her son Adam. This may have influenced some of the information shared by Hannah. Hannah explained there had been

some difficulties during primary school with certain teachers. The next mother was Eva, her son had always received twenty-five hours one-to-one support per week.

Elisabeth was interviewed alongside her daughter Faith, Elisabeth's son also displayed ASD traits and was going through the ASD assessment at the time of the study. The next mother Lois was interviewed regarding her youngest daughter who did not receive additional support until her presentation deteriorated at secondary school. She then received full time one-to-one support during the latter part of Phase 3. However, being at the secondary school has been extremely difficult so she was presently not attending school. Lois's older children did not experience any issues at the same school.

Esther and her son Dan were interviewed separately. Dan was currently in Phase 2. Paula was the next to be interviewed, she had four children, two of them were diagnosed with ASD. Paula's eldest son was in Phase 3 of the transition. Lastly, Grace and her daughter Hope were interviewed. Hope was present during Grace's interview and then Grace left while Hope was interviewed alone.

5.2 Analysis and Discussion

5.2.1 The Storyline

This section presents the mothers' experience of the transition that the theory '*the transitional emotional rollercoaster*' (Figure 5.2.2) is founded upon. The '*transitional emotional rollercoaster*' refers to the mothers striving by vocalising their child's needs and being present for their child to achieve a

smoother transition and obtain sufficient resources for them to manage with change and mainstream education. The core category of the mothers' changing emotional highs and lows during the transitional time encapsulates the mothers' experience of supporting their child with ASD through the transitional process (Figure 5.2.2). The mothers' main aim is to achieve a smooth transition for their child and gain an emotional balance for themselves and their child. The storyline of the theory is explored in further detail in the following paragraphs.

Emotional Response

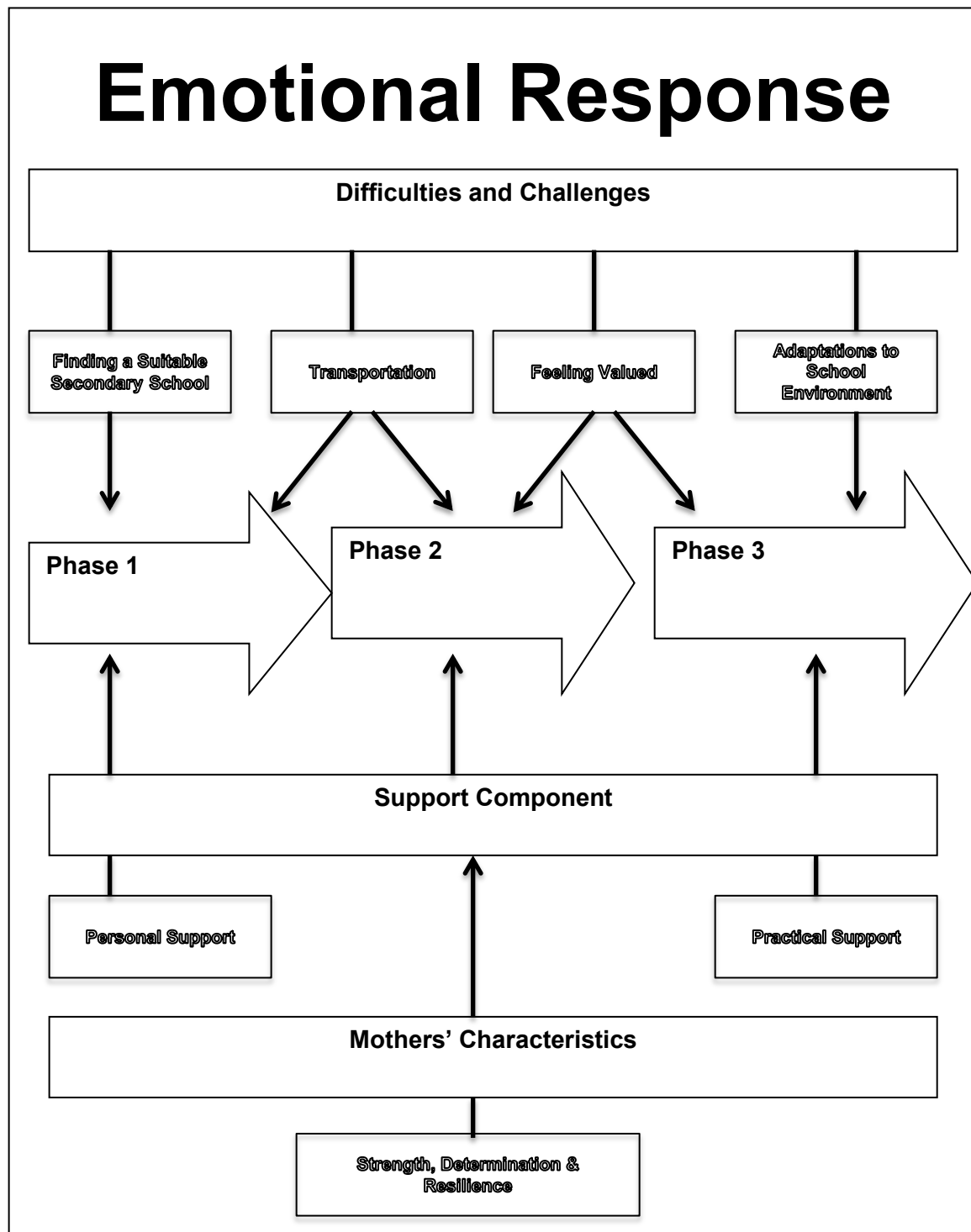


Figure 5.2.2: Visual Representation of 'The Transitional Emotional Rollercoaster'

Within the diagrammatic representation, the core category '*emotional response*' is influential throughout all of the transitional period and permeates all around the arena of the diagram as emotional responses occur throughout this period (Figure 5.2.2). Often the mothers' lack of control led to them feeling

powerless and this elevated their anxiety and stress, this aspect is reflected throughout all of the categories as they try to be present in the transitional process. There are three main categories in the Mothers' theory: *'difficulties and challenges'*, *'support component'* and *'mothers' characteristics'*. The transitional framework (Chapter 4) is experienced by the mothers in a sequential time frame, reflected in the arrows going across the page. The *'difficulties and challenges'* category reflected areas that challenged the mothers and increased negative emotional responses. The *'support component'* category and *'mothers' characteristics'* acted as buffers for the mothers to balance their emotional responses and empowered them with the ability to strive forward to achieve a smoother transition for their children. The categories were interrelated and the interplay between them, if sufficiently balanced, enabled the mothers to move forward more successfully through the transition. The mothers experienced continued mixed emotional responses throughout the transition, from feeling happy or satisfied to frightened, overwhelmed and anxious. Yet the emotional responses of the mothers were often elevated in the following situations: when they were not included in the transition, when their child's needs were not accommodated, when their child did not receive sufficient support through specific resources and practices. The *'emotional response'* was also dependent upon the type of secondary school to which their child transitioned.

The *'difficulties and challenges'* category has four sub-categories: *'finding a suitable secondary school'*, *'transportation'*, *'feeling valued'* and *'adaptations to the school environment'*. These components can be associated with a specific phase of the transitional framework, yet they can also be relevant

throughout all of the transition period. Factors associated with *'finding a suitable secondary school'* were difficult and challenging for the mothers during Phase 1. The area of transportation to the secondary school caused them significant distress between Phase 1 and 2. Moving through to Phase 2, the mothers referred to not feeling valued by the professionals, as they felt that they were not listened to or included in the transitional process. During Phase 3 the mothers referred to lack of adaptations for their child as the environment was not adapted, or resources were not available, to meet their child's needs. All of these factors caused significant emotional distress for the mothers, as they felt frustrated, anxious and frightened and needed to continually strive to obtain these elements for their child. The striving of the mothers was founded on the *'mothers' characteristics'* of *'strength, determination and resilience'* and acceptance of their child's condition.

Many of the mothers faced the initial challenge of finding a suitable secondary school for their child and lacked awareness of the process and the parameters of where they could send their child. This period often elevated the mothers' emotional distress. The mothers' distress was reduced or alleviated if provided with support and insightful recommendations that are referred to within the *'personal support'* category. For some of the mothers, being offered recommendations from other parents and professionals offered reassurance and reduced their anxiety of finding a suitable secondary school and the provision for managing those with ASD.

During this period transportation to their child's new secondary school was an area of contention and worry. For some mothers the concern and anxiety

centering on transport stems from their child's new secondary school being outside of catchment so their child has to travel further. For others, it was that they were unsupported with the additional cost of out-of-county transport. This sub-category could be managed more seamlessly by offering '*practical support*' and additional aids to help the child manage with transportation or through guidance from professionals about specific subsidised transport and through offering additional one-to-one support to help the adolescent access public transport. Yet, this was not always a consideration for the professionals, and the mothers had to continue to strive forward to get the best for their child. Importantly, the '*mothers' characteristics*' were prevalent throughout the analysis as their '*strength, determination and resilience*' enabled them to advocate for their child's needs within the education arena as they were aware that their child was unable to vocalise and obtain their needs themselves. Without this component, the outcome for the child's transition may differ and impact on the emotional wellbeing of the mothers and the child.

During Phase 2, a main challenge was the mothers' desire to feel involved in the process. The mothers felt valued and involved when they could offer advice on practical support for their child and were included in the meetings. They would then feel listened to and become familiar with what to expect over the coming months. When this was not experienced it left the mothers feeling frustrated and they felt the need to strive more to be heard and involved. The mothers' emotional response seemed to fluctuate depending on the extent of personal and practical support they received and whether the mothers were included in the transitional process. Some of the mothers had a smoother process than others, as they were supported well by the professionals and felt

included in the process through meetings. To the contrary, other mothers felt they were not listened to, or that their knowledge of their child's condition was not appreciated, therefore it resulted in frustration and feeling devalued. Some of them were more directly involved in instigating the support their child received.

Those mothers whose children were attending a secondary school with a specialised ASD unit expressed less worry or anxiety as they felt more included in the process and received good information from the professionals to prepare themselves and their child. These mothers experienced significantly more practical support, through the forms of communication to both them and their child, in addition to their child being supported through one-to-one TA support. All of their children had a statement of SEN or an EHCP that specified additional one-to-one support, which may have been a contributory factor. These elements contributed to the mothers feeling reassured that their child was being managed more sufficiently and reduced their anxieties and worries. To the contrary, those mothers whose children did not receive additional practical support through a statement of SEN or an EHCP had increased frustration and distress, as they had to fight for their child to receive practical support through a dedicated key worker or through alterations made to usual practice. The mothers' characteristics drove them to continue to strive forward until their objectives were achieved. Yet when their child's needs were not met, as discussed in the *'difficulties and challenges'* category, their emotional distress, feelings of frustration and anger increased. These feelings were lessened when a form of practical support was put into

place which often had the effect of reducing the mothers' negative emotional appraisal.

Interestingly, the mothers were able to maintain this level of striving for their child when they witnessed a change or alteration in the support offered to their child and this impacted upon their child's presentation, or when they felt change was inevitable. Yet, in some situations, in spite of significant levels of continual striving and fighting, after long periods of not being listened to and no alterations made for their child, this can leave the mother feeling exhausted and lacking in strength. This suggests that the mothers' levels of striving are only possible when they achieve results and over shorter periods of time to sustain the level of emotional challenges the mothers are subjected to.

The categories that acted as buffers against the negative emotional response to the transition were the '*support component*' and the '*mothers' characteristics*'. These are represented in the diagram (Figure 5.2.2) as acting as scaffolding against the difficulties and challenges the mothers experienced. The '*support component*' consisted of: '*personal support*' and '*practical support*'. The '*personal support*' came from family and friends around them who offered a source of comfort and allowed them time to recharge and manage their family's needs more effectively. The '*practical support*' referred to support provided through professionals, chiefly a dedicated person at the secondary school who offered reassurance about how their child was managing within the school environment. It also referred to teaching

alterations to the environment and curriculum that support their child to manage in the mainstream setting.

The core category of '*emotional response*' is present throughout all the categories and sub-categories. These will be explored individually in the following paragraphs.

5.3 Mothers' Characteristics

An area that was really prominent was the character and strength of the mothers interviewed. The sense of them continually striving for their child to receive the correct support demonstrated the mothers' resilience. As ASD is a complex condition the mothers expressed that they had to think of every detail regarding the transition to make sure their child could manage. The sense created throughout the transition process was that the mothers were powerless in how the transition was managed. This category is defined by '*strength, determination and resilience*' and summarises the qualities of the mothers.

The mothers continued to strive to get the best outcome for their child. All the mothers demonstrated perseverance as they tried to inform the professionals about their child's condition to get their needs accommodated. As Grace put it clearly: "*It always felt me led*" (line 328) which conjured strength to continue striving even after not always being listened to by professionals and "...*you will get it, but you have to shout quite loud to get it*" (lines 328-332) demonstrated Grace was determined to strive to get her views and Hope's needs accommodated.

At times it seemed that the mothers were overloaded and constantly having to fight for their child's education provisions to be met and this highlighted their level of strength to continue striving forward. Hannah explained that she had to act to make sure they accommodated Adam's needs "*I got straight onto it*" (line 601) demonstrating determination and strength that Hannah would not allow it to continue. This conjured an image of '*strength, determination and resilience*', as when faced with adversity or challenges they would be expressing their views on behalf of their child.

The notion of fighting to get the right support for their child was prevalent across the mothers as Paula expressed she has had to fight for support "*I mean with schools, yes, definitely*" (line 874). All of the mothers explained that there had been struggles during their primary school experience with lack of support, understanding of the condition and bullying, Eva expressed "*We were on count down. We couldn't wait. I kept telling him don't worry you'll be gone soon. You'll be at high school soon*" (lines 571-573), this illustrated a level of resilience to persevere to secondary school and the view that it would be better at secondary school. The mothers wanted the best for their child and they knew their child's condition better than others, they would not stop until the appropriate provisions were implemented.

The language used by the mothers demonstrated that even though they continued to strive forward through their '*strength, determination and resilience*' it was hard work and took a lot of effort for them to continue. As Grace explained (See '*difficulties and challenges*' category) "*me doing all this*

visiting around schools was completely irrelevant” (lines 224-225) demonstrated resilience to continue even when not included and Elisabeth excerpt *“I said you’re goanna have to trust me on this”* (lines 820-821) (See *‘difficulties and challenges’* category) demonstrated her strength to offer her understanding of her child and ability to inform professionals how to manage Faith more efficiently. These illustrated the need to constantly manage their child’s needs and be proactive in accessing the support they needed during the transition process, as there was a consensus that, if not for them, their child would not have received anything. This seemed poignant and the sense shared across the mothers of feeling powerless in the transition and to some extent throughout their child’s lives. Although they could advocate for their child’s needs, they were reliant on the professionals to provide that support. This sense of feeling powerless was further confounded by the fact that some professionals were not perceived to really understand the condition of ASD and its impact on the adolescents’ school life.

The mothers encountered many elements of struggle during the transition period, these are explored in the next category.

5.4 Difficulties and Challenges

This category highlights areas that the mothers experienced as challenging and is separated into sub-categories of *‘finding a suitable secondary school’*, *‘transportation’*, *‘feeling involved’* and *‘adaptations to school environment’*. These will be discussed more fully below.

5.4.1 Finding a Suitable Secondary School

Finding a secondary school provision that both the mothers and the adolescents were happy with was of high importance. The mothers' main priority was how they felt the secondary school would manage their child and their skills to support children with ASD. Many of the mothers reported a lack of awareness of the transitioning process and how to find the most suitable secondary school for their child. Some were offered information through the 'support component' category. There is confusion across different areas and a lack of consistency in whether the parents are able to 'choose' the secondary school for their child to attend. The findings offered insight into regional variations in the transitional procedures which were dependent on where the mothers lived in the United Kingdom.

"But me doing all this visiting around schools was completely irrelevant because, as they said basically, well no, erm... I said, "Well, you know, she has got a recognised medical condition. It's officially a disability. Does she not get any consideration?" They just basically said no. You get the school you're allocated. [can't hear] and we'll look at it then. Yay" (lines 224-229)

Grace (mother)

Grace felt that she had wasted her time and she was frustrated at not being included in the allocation process and not being listened to. This period of uncertainty in finding the appropriate secondary school for their child had implications for the mothers' increased emotional response of mainly frustration, worry and *"Er, I was really frightened"* (Grace; line 213). However, even when the mothers obtained a place at their preferred secondary school

they still felt apprehensive, as Esther explained, “*nervous. I’m still scared. I still want to go with him*” (lines 64-65). The anticipation and worry that the mothers felt about their child attending secondary school seemed heightened as their child had additional needs.

For some, sending their child to a school outside of the catchment area was motivated by their child’s needs not being catered for in primary school. For others, their child experienced bullying or did not interact much socially at the primary school so they could make new friends at the secondary school. Therefore, the mothers appraised the move to a more suitable placement as more worthwhile since the environment and the management of their child was of higher priority than moving with familiar peers.

The conflict of moving outside of the catchment area was the need for additional transportation. This area is reflected in the next sub-category.

5.4.2 Transportation

During the process of choosing the secondary school, transportation was highlighted as an area of concern, as many of the schools were outside the catchment area and therefore the family required private transport.

Many mothers had to manage the obstacle of transportation, which resulted in anxiety, frustration and worry as to how their child would manage the journey on their own. For some, they were not entitled to receive additional funding and support for transport, therefore faced financial challenges:

“Cause I chose, we made the decision. Because the local authority didn’t make the decision, we get nothing, even if it’s the right thing to do” (lines 404-406)

Eva (parent)

The above excerpt reiterates Eva’s annoyance as she had decided on a secondary school that was most suitable for her child’s needs but was then unable to get additional transport funded. This emphasised that it was another hurdle that the mothers had to overcome causing an emotional response. The notion seemed that for them there was always something in their way, whether it be minor or, there were always hurdles to overcome. The process needed the mothers to continue to strive to obtain the appropriate resources for their child.

Although the mothers were concerned and worried over the prospect of managing transport, this was lessened by their child attending a secondary school that the mothers felt would accept and manage their condition efficiently. This illustrated the need for balancing some aspects for other more important areas, the mothers seemed to have to justify and consider all areas of their child’s transition.

It was also noted that those with more negative experience at the primary school then approached the transitional process with either increased hesitation in that it may be similar to or worse than what they previously experienced.

The mothers were more able to approach the transition more positively when they were kept informed and involved in the process, this is explored in the next sub-category.

5.4.3 Feeling Involved

The mothers desired to be involved in the transition process and, when this happened, it was instrumental in alleviating their emotional distress, as they were then familiar with the impending transition, had a rapport with the professionals and felt valued. The mothers assumed the role of a vehicle to transfer the information uncertainty between the professionals and the adolescent and manage the adolescents' uncertainty. This role heightened their own anxiety and worry, more so if the professionals do not efficiently inform them. Effective preparation for the transition process alleviated some uncertainty for the mothers and the adolescents by providing information on what to expect as their child started secondary school. However, the extent to which the mothers felt involved and received information regarding the transitional process differed across the mothers. There seemed no consistency on the amount of meetings, information or transitional visits to the secondary school the mothers and the child received.

The mothers who felt reassured still expressed some concern and uncertainty but overall knew that they were supported and had a key person to contact at the prospective secondary school. On the other hand, some experienced increased uncertainty due to minimal information about the process when their child started secondary school and lack of contact from the secondary school. This then increased their distress and worry about the transitional

process as they were unaware of the process and felt matters were out of their control.

"I kept saying, "Can we have a meeting?"...But once it got up and running, really it was quite hard work. I was sending off quite a few emails going, "Is there a plan?" I thought, you know, Hope would be shown round or there would be introductions. And there was in the end but it was all a bit last minute."(lines 276-283)

Grace (mother)

The above quotation demonstrates the distress experienced by Grace, as she was not kept informed or involved in the transitional process. For some mothers they felt included in the process with transitional information received to help support them and their child during Phase 2 (See Appendix 22, Table 1, Esther's excerpt). By contrast, others reported to have received no or limited information, and some felt that they were the ones having to ask for the information, as shown in Grace's excerpt. This evoked a frustration response in the mothers, as they had to be the ones contacting professionals for relevant information.

The mothers wanted to feel included and to act in the best interest of their child. There was a contrast in the mothers' experience in the current study from feeling involved and included, feeling that professionals go the 'extra mile', to some mothers experiencing reduced levels of communication, leading to their limited preparation and inclusion during this period, resulting in these mothers feeling powerless.

Those who had good communication from the secondary school felt prepared and were more involved in the process through meetings and sharing their expertise with the professionals, they then felt more in control and more able to prepare their child better. This then brought about positive impacts on the mothers and their child's wellbeing.

The following sub-category explores the school adaptations and alterations to usual practice that the mothers felt were appropriate.

5.4.4 Adaptations to the School Environment

The sub-category of adaptations refers to alterations to usual practice that the mothers felt were essential in supporting their child to adjust to mainstream education. There was an emphasis from the mothers on the different adaptations that supported the adolescents to manage within the mainstream environment. The majority referred to their children gradually adjusting and receiving adaptations after a period of time. Yet for many they had to strive for adjustments to be made for their child. The professionals facilitated the adaptations, by making reasonable adjustments in the adolescents' environment to enable them to access their new surrounding and curriculum (See Elisabeth's experience below). However, not all adolescents were offered alterations to support them in the mainstream environment. Some mothers felt that professionals did not listen to them (Appendix 22, Table 1 & 2, Lois, Grace & Paula's excerpts) and this led to increased annoyance and frustration (See Grace's quotation below). It seemed that some mothers still experienced some difficulties even when they appraised their overall experience as a smooth transition. However, for the mothers, that was to be

expected as there were several changes occurring at once. The mothers seemed to appraise their child's transition experience differently to those of typically developing children, as it was less of an issue with their typically developing children who had transitioned.

The quotation below illustrated the different adaptations offered to their child during Phase 3:

"The SENCo and the assistant SENCo were very involved, to start with weren't they? They would meet you, Faith was allowed to go in through reception. When she first started, erm, first of all the SENCo said, erm, "I would very much like to plan that Faith doesn't come through reception for too long" and I said "You're goanna have to trust me on this. One day I will drop her out the car and she'll go round the back. I don't know when but she will... Just let Faith decide 'cause otherwise we'll be pushing and there's going to be a problem"."(lines 814-827)

Elisabeth (mother)

The notion from Elisabeth's quotation was that she had to recommend an alteration to practice and, even though the SENCo did accommodate the alternative entrance, they were not supportive of it. The mothers were familiar with what their child needed to enable them to settle more easily, their recommendations should be valued and listened to as they have a deeper understanding of their child's condition. However, the mothers recommendations were not always taken on, as experienced by Grace in the below quotation:

"I do get outraged. A teacher just handling it incredibly bloody badly, and not just for a kid on the spectrum but just for a kid. And so stuff like that, yeah, that's three days' worth of stress and anxiety."(lines 416-418)

Grace (mother)

Grace's excerpt illustrated that the professionals can have a huge influence on how their child is managed within the mainstream environment and this can have an impact on the mothers' emotional wellbeing. Many of the mothers had anticipated that there may be challenges and they seemed to have prepared themselves for certain amount of disruption. Even when the adolescents had been prepared and the mothers felt they were more familiar with the environment and the professionals, the transition was still emotionally unsettling and slightly disruptive for them. There was a consensus among some of the mothers that the process of integrating their child into the secondary school did not continue after they had transitioned across. There was a notion assumed by the mothers that the professional did not understand the enormity of the change for those with ASD, and a general sentiment that the support needed to continue during Phase 3 for longer to enable them to adjust.

Many of the mothers referred to the impact upon on their child during Phase 3 and noted that there was a noticeable difference in their presentation at home as they were physically and mentally exhausted. The mothers felt this was in large part due to the lack of adaptations and accommodation made for their child. Their inability to manage the changes led to their ASD traits becoming exaggerated, as explained by Paula, *"he was like a majorly autistic version of*

Name" (line 563), when her son was trying to conform to those around him. For some, the movement around the larger secondary school caused physical exhaustion (See Appendix 22, Table 2, Lois excerpt) then, as they were expected to concentrate and function, they were mentally exhausted as well. The mothers experienced frustration and this increased when they had to continually strive and fight for their child's needs to be met. Lois explained that she felt frustrated as she tried to help support the professionals about how to support her child and the professional "*wasn't listening to what I'm saying*" (line 727).

It was interpreted that a large proportion of the mothers' emotional distress could have been reduced if the professionals had preempted or managed the child's condition more efficiently. As the information regarding some of the children was not relayed to the professionals (See Grace excerpt above), there were aspects of the transition that were poorly managed which caused immense distress to the mothers, their child and the rest of the family. Both Paula and Grace experienced difficulties with two professionals and both found this experience emotional and challenging. This illuminated that even though the mothers might find communicating with one or two professionals challenging while working well with the majority of the professionals, the ensuing difficulties can still impact on their and their child's wellbeing. Many of the mothers' frustrations came from not being listened to and the amount of energy expended and striving to obtain adjustments for their child. Particularly for those mothers whose children did not receive additional support, they had to be the voice for their child to ask professionals for support. Yet it seemed even when they did seek support, they felt powerless in actually implementing

the required adaptations, so they supported their child the best way possible. Sadly for Lois and her daughter this was one aspect that was not managed appropriately and led to her daughter eventually withdrawing from school. Now in Year 8 she is not attending school and Lois is waning in her ability to strive for her daughter as she feels the professionals at the school are not listening to her.

Interestingly, the mothers whose children attended a secondary school with an ASD unit expressed less emotional distress. As Hannah experienced a good transitional process *she expressed "I'm trying to, I di(d), he did have a really good transition"* (line 491) there seemed some hesitancy in sharing the information, as she seemed reticent in her voice. The mothers that experienced significant support were extremely happy, these were mainly from those mothers whose children received additional support through a statement of SEN or an EHCP. However there were still areas that caused emotional distress that needed to be acted upon. The ability to meet the needs of their child was founded upon the mothers' characteristics and determination. There were a high proportion of the mothers that were frustrated and experienced anxiety, yet once alterations and accommodations were made or over a period of time these anxieties lessened for some of the mothers.

The mothers felt that the support they and their child received was essential component during the transition and is explored in the next section.

5.5 Support Component

The '*support component*' appeared to act as a buffer to enable the mothers to continue striving for their child when the mothers had experienced times of frustration. It was a prominent factor that all the mothers were supported by their families and close friendships. This enabled them to stay strong during the process. The mothers felt reassured and relieved when they received support both personally and practically, as it alleviated the pressure of continually striving. The support category consisted of two sub-categories: '*personal support*' and '*practical support*'.

5.5.1 Personal Support

The '*personal support*' the mothers received was mainly from family and friends with some also attending ASD support groups. Suggestions and advice by professionals and other parents were valuable when deciding which secondary school to choose from. They appreciated others' opinions as this offered reassurance in the secondary school's ability and reputation of managing those with ASD (See Esther's and Eva's excerpts below).

"Erm, so we looked at the two local high schools. Erm, but running alongside that was when XXXX said that they would consider that Dan might be suitable for a place at XXXX. So that's... But they said, "You know, chances are he won't get a place"."(lines 53-57)

Esther (mother)

The notion from the above quotation was that those mothers who had received recommendations on the best secondary school felt reassured and this alleviated their worries and anxieties about the most suitable secondary

school to which to send their child. Eva valued a professional recommending the school, as she was unaware it existed, *“One of the teachers at primary school said think you should look at School Name”* (lines 900-901). For the mothers interviewed, the essential components identified were the recommendations from others, having the specialist resources and expertise offered by an additional ASD unit and for them and their child to feel comfortable with the school (See Appendix 22, Table 3).

It seemed important for the mothers to have extra support to allow them to function as a parent for all of their family. It was illuminated throughout how much the mothers had to endure when supporting with a child with ASD during significant changes and their support network is an essential component in allowing them to manage the transition process.

“My mum is local. So she’s really good. And she goes to a grandparents’ support group. So that’s really nice” (lines 161-163)

Esther (mother)

The mothers’ family and friends were described as a strong support network, from helping managing childcare and supporting them with their other children, to just being there for them *“just lovely, lovely friends who love Hope madly”* (Grace; lines 209-210). The mothers were interpreted as their child’s ‘crutch’ for their child to manage within society. The view that they had to be OK was essential *“You don’t have the luxury of not being ok”* (Eva; line 696). The mothers had the insight and awareness about themselves that in order to care for their child and family they needed to prioritise themselves as well.

When the personal support was not available, other means was accessed by Eva, “*I actually go to counselling, I pay privately to go, I take myself*” (lines 689-690).

The support seemed instrumental in the mothers’ managing and then being able to continue to strive for their child. Many had friendships with families having children with ASD, so they shared a commonality and a depth of understanding. There seemed an immense pressure on the mothers when they described their experiences, particularly as the focus was on managing their child, the professionals, as well as the rest of their family and employment. The mothers’ ability to continue to advocate for her child and to strive for the best outcome is rooted in their characteristics and wanting the best for their child.

The personal support varied across the mothers, for instance, Hannah found comfort and support through an ASD support group. Interestingly, many mothers expressed that the discussions in the support groups were mainly negatively focused on how bad things were. For many, the support groups were in the daytime so they were unable to access them.

The next sub-category focuses on the practical support offered to the mothers and their children.

5.5.2 Practical Support

The ‘*practical support*’ comprised of being supported by the professionals within the school through being given information or by their child receiving

additional support that enabled a smoother transition. Many mothers reflected being fortunate to receive TA support for their child throughout the transition, feeling valued and listened to, *“they sat with me, and talked with me”* (lines 481-482), as Hannah explained. The *‘practical support’* enabled their child’s education provisions to be adapted to make it more accessible to them. Another key factor was having a key professional to liaise with regarding their child, those mothers who received this type of support appreciated it as it offered reassurance (see Hannah’s and Eva’s quotes below).

“I think he’s got more support at high school than he did at primary school without sounding, I don’t think he had as much support in primary school. As he did as when he went into high school. I was a bit unsure. But as I say. I went to high school they’re just completely different” (lines 712-731)

Hannah (mother)

The mothers illustrated that they really valued the practical support and appraised *“he was lucky cause he’d got his hours you see”* (Eva; line 866), this emphasised that it is not always possible to receive additional supported hours that is tailored to their child’s needs. The notion from the excerpts is that mainly the TAs and learning mentors provided the practical support during secondary school as they supported the adolescent in lessons, with homework, revision classes, and learning to accept themselves and their condition. More than just academic support, Eva expressed *“She understands how he feels”* (line 876). The practical support seemed to take the pressure off the mothers and acted as reassurance that someone else was supporting

and striving for their child's needs to be met when they are not able (See Appendix 22, Table 3).

The emphasis from the mothers was that without this support they felt that they do not know how their child would have coped with the transition and managing in mainstream school. Esther spoke of the reassurance of being informed of her son's activities in the new school.

"I think a lot of it has been the information that I've got from the high school and how good, you know, when he first went for a visit I got a text message saying, you know, he's here, he's fine, he's doing this. So it was that communication really of knowing what he's doing. And just seeing him in the school"(lines 72-76)

Esther (mother)

However, many of the mothers felt that they had to continually pester the school for the support or it took some time for the support mechanisms to commence, this was touched upon in the *'difficulties and challenges'* category. There was a period of time when the adolescent did not receive the support needed: *"it was a real shame that we couldn't have been in before and then definitely at the start"* (Grace; lines 319-320). This period of time affected the adolescents' and the mothers' wellbeing, causing worry and concern. This impacted upon the mothers, as they had to continue to contact professionals. As Paula explained some of her son's needs were accommodated *"after a lot of arguing"* (line 307).

Those mothers whose children had an EHCP received support immediately after the transition process occurred. However those without an EHCP had a period of waiting. This seemed to indicate that the professionals were either assessing the adolescents' needs before incorporating support or they were not aware of the adolescents' condition prior to the transition. So the process of receiving appropriate practical support is not smooth and seemed heavily reliant on the mothers monitoring their child and being proactive in liaising with the professionals.

The notion emphasised by the mothers is that they felt reassured by having a key professional during the transition period. It seemed that if they were able to liaise with someone about how their child was presenting or any concerns they had, this offered them reassurance before they attended school that day. Grace illustrated how she felt about the learning mentor support, "*I can email or phone any time*" (line 376). The availability of a named person was instrumental in reducing the mothers' anxieties and worries and alleviating their pressure. If they had any queries, they were more able to effectively express their concerns with the named person. As at times some had felt belittled by some professionals (See Appendix 22, Table 3), Paula recognised how important it would be to have a named professional to liaise with and offered that as a recommendation for future improvements.

The practical support helped the mothers to feel reassured, more informed and less anxious about the transition. It was recognised that families within the secondary school with a specialised ASD unit received more practical support. However these adolescents had additional support hours assigned to

them on their statement of SEN or EHCP. This may explain the more readily and timely additional support made to them.

The overall discussion of the Mothers' theory is explored next and the interaction of the categories and influences upon the core category will be discussed.

5.6 Overview of the Theory

The categories and sub-categories that together interconnect to form the theory '*the transitional emotional rollercoaster*' will be explored and related to previous research findings. The core category of '*emotional responses*' occurs in every category, the mothers' negative emotional responses can be alleviated when support is available for the mothers to access.

At the start of the transition the mothers begin to experience '*difficulties and challenges*' as they are faced with an enormous task of '*finding a suitable secondary school*' for their child. Several of the mothers were unaware of the process and the parameters determining where they could send their child, which left them feeling powerless. Yet, in contrast to feeling powerless they displayed strength and resilience to keeping striving for their child. This period often elevated the mothers' emotional distress and provoked anxiety, worry, concern and frustration in the mothers, as it is a period of uncertainty and unknowns. The Makin et al. study (2017) recognised that there is a lack of sufficient school placements to meet the needs of those with ASD, however this study identified that there were appropriate placements yet often the mothers needed support to find them. There was limited positive information

from the parental perspective in Makin et al. (2017), yet within the current study even when there were challenging experiences the mothers were able to reflect on areas that helped overcome these obstacles. If the mothers did not receive information or support then their emotional response was affected, as they were left with unknowns and not able to receive a suitable placement. Studies into secondary school allocation systems highlighted this process as challenging from a parental perspective yet offered no insight into the adolescents' perspective in how they felt about their new school (Dillon & Underwood, 2012; Tobin et al., 2012); furthermore there are no statutory requirements to support those with ASD during this time. Previous findings recognised that the transition for those with ASD is a time of inconsistency (Makin et al., 2017; Tissot & Evans, 2006; Tobin et al., 2012), yet previous findings have been thwarted by the methodology utilised, whereas the current use of GT approach has delved deeper to identify meaning and parameters to a smooth transition. The mothers in the current study felt reassured and the emotional distress was alleviated if additional '*personal support*' and '*practical support*' for them and their child was offered. The mothers whose children received additional support in the current study had allocated hours, the Mandy et al. (2015b) and Starr and Foy (2012) studies referred to those who had a statement SEN or a EHCP had a more successful transition, yet did not specifically relate this to additional support hours. Even with additional allocated support hours the current findings reported that there were still areas of emotional distress for the mothers.

Interestingly, support for parents whose children have ASD is highlighted as important (Bishop, Richler, Cain & Lord, 2007; Ekas, Lickenbrock, Whitman,

2010), although this has not been highlighted as an important component during the transition process. The lack of sufficient resources for those with ASD in mainstream education provision has been recognised and if not available could jeopardise the adolescents' ability to cope in mainstream education (Ankeny & Lehmann, 2011; Dillon & Underwood, 2012; Humphrey & Lewis, 2008). This study highlighted these aspects and how this can influence the mothers' emotional wellbeing. This suggests that '*practical support*' is an essential component, particularly if adapted to the needs of the child. The current findings recognised there are different types of support, the mothers benefit from both support outside of school that enables them to cope, and support tailored to the transition, through keeping them informed and allowing their child to manage in mainstream.

Transportation impacted upon the mothers' emotional responses and caused worry and concern. Parental worry and concern over transportation for those with ASD was shared in other research (Jindal-Snape et al., 2006; Rice et al., 2010; Tobin et al., 2012). This research deepened the understanding that the concern surrounded the adolescents' limited skillset in accessing transportation alone, and for some mothers it was a financial burden, as they had to pay for private transport.

Moving through the storyline and sequential time frame to Phase 2 observed the mothers wanting to feel involved in the process, and when this was incorporated the mothers were left '*feeling valued*'. Some of the mothers did feel valued whereas others did not. Those that were included more so in Phase 1 felt more involved and had a positive influence on their overall

wellbeing and perspective of the success of the transition period. Previous research highlighted that the parents of children with ASD felt they did not receive good communication or preparation about the transition, and this impacted on parents feeling left out of the process (Batten et al., 2006; Dillon & Underwood, 2012; Tobin et al., 2012). For some mothers the involvement was managed alongside the '*practical support*' and allowed them to be included in the meetings, feel listened to and familiar with what to expect over the coming months, often acting as their child's advocate. Starr and Foy's (2012) research found that some parents were involved whereas others were left undermined and perceived as exaggerating their child's condition. Contrary to this, the mothers in the current study were left feeling frustrated and angry and they had to strive more to be heard and be involved. This mirrored some elements referred to in Starr and Foy's study (2012) in that parents felt left out of the process.

The mothers' characteristic allowed them to continue to strive forward until their objectives were achieved. Parental striving has been previously documented within Starr and Foy's (2012) and Makin et al. (2017) studies to obtain the needs of their child with ASD. However, these studies used a THA that produced themes without further exploration of meaning and interpretation. The current study referred to the mothers' characteristics and level of striving and also recognised that the mothers continued this if they were able to see results of their input. Yet, in Lois' situation, after significant levels of continual striving and fighting, after long periods of not being listened to and no alterations made, left her feeling exhausted and lacking in strength.

The outcome of this was that Lois's daughter is presently not accessing education and Lois' striving has been reduced.

Moreover, if the child did not receive additional support, this often increased the likelihood of negative incidents occurring at the beginning of Phase 3 and increased the mothers' feelings of frustration and anger. This was lessened through the '*adaptations to school environment*' sub-category and the mothers emotional responses reduced. Interestingly, the lack of ASD understanding within the education setting has been reported (Batten et al., 2006; Dillon & Underwood, 2012; Mandy et al., 2016; Starr & Foy, 2012; Tobin et al., 2012) and the lack of consistency of support offered across different secondary schools identified (West et al., 2010). Secondary schools with specialised ASD units have been highlighted as beneficial in supporting the needs of the child (Tobin et al., 2012). This concurred with the current study findings however the mothers' children all had allocated additional support hours, so it is difficult to determine whether it is the specific school or the support or both combined that is essential.

During Phase 3 the mothers referred to '*adaptations to school environment*' for their child, where the environment or resources were not tailored or available to meet their child's needs. All of these factors caused significant emotional distress for the mothers, as they felt frustrated, anxious and frightened and needed to continually strive to achieve these elements for their child. The literature supports the notion that parents with a child with ASD are often their child's advocate for ensuring their needs are met (Starr & Foy, 2012). Parents of this population have been referred to as 'fighters' to achieve

the needs of their child and they felt this was the only way to get the needs of their child met (Tobin et al., 2012; Makin et al., 2017). The current study found that the mothers are able to fight for their child yet need support that increases their wellbeing and they need to see results to enable perseverance.

The '*support component*' was an important element for meeting the mothers' and child's needs. Many mothers who acquired additional support felt reassured and relieved and this lessened the level of striving the mother had to do. Contrary to this, the mothers who did not receive '*practical support*' experienced increased negative emotional responses and increased their level of striving. Previously research (Dillon & Underwood, 2012; Makin et al., 2017; Tobin et al., 2012) referred to continual pressure on parents yet the findings highlighted that support can appease the pressure and striving from the mothers when available. This is suggestive that practical support is an essential component, particularly if adapted to the needs of the child.

The new insights discovered through the theory '*the transitional emotional rollercoaster*' are presented in the next section.

5.7 New Insights from the Theory 'The Transitional Emotional Rollercoaster'

The mothers' experiences of the transition were captured in the theoretical understanding of '*the transitional emotional rollercoaster*'. The main storyline being that the mothers want to achieve an emotional equilibrium for themselves and their child during the school transition. Embedded within the

theory is the core category '*emotional response*' to the transition, a mixture of feelings experienced by the mothers, including being anxious, stressed, fearful, angry, relieved, elated, calm and reassured. These responses fluctuated depending upon the impact of the other categories that could act as buffers to the negative emotional responses if they were in place.

The mothers' experience of primary school can impact upon their emotional response to the transitional process. Due to past negative experiences where the mothers are not supported, or where the professionals are not as familiar with the ASD condition or not proactive with offering information on the transition process, this can cause hesitation in the mother before the mothers even commence the transitional process. If the mothers were able to seek reassurance and advice during this early stage, they were more aware of what to expect and this lead to a more balanced emotional appraisal of the situation.

Inconsistencies with regards to the transition process across different schools for those with ASD are significant in influencing how the mother reacts to the process. As there are currently differences in the transitional process, a more consistent streamlined approach for those with ASD would be beneficial in preparing both the parents and their child for the impending transition. Consistent procedural elements would provide a pathway to which all schools adhere, and parents would be aware of the process and be provided with specific parental information on: understanding school allocation, transitional visits, and parental meetings to gather information specifically about their child in a timely manner. Currently some mothers are given recommendations and

support whilst others are left to seek the information themselves. However having a consistent transitional process for all adolescents with SEN and ASD would enable the parents, adolescents and professionals to have a smoother transitional experience. This would reduce some of the mothers' anxiety and worry, as they would have an understanding of what to expect through the transitional process.

Many of the mothers were offered support of different kinds: '*personal support*' and '*practical support*'. The nature of ASD varies for each individual and so does the child's transitional experience. The transitional package and support needs to be tailored to the needs of the child alongside their mother. This results in the mothers feeling supported and has a positive impact upon the emotional response of the mother. If elements of the '*support component*' are not as robust, timely or not present, as illustrated in the '*difficult and challenges*' category, it evokes unpleasant emotional responses of frustration, anxiety and anger.

Moreover, the transitional experience is dependent on whether the child has a statement of SEN or an EHCP, as mothers whose child had additional support or attended a secondary school with an ASD unit reported to have a smoother transition, with reduced negative emotional responses. These mothers were more informed on the specifics of the transition process. Their child was offered additional support and they felt more involved in the process. Even though these mothers did have incidents of emotional distress along the way, these were dealt with more swiftly and the mothers felt included in the process.

The facilitative elements during the transition (i.e. *support components*) need to continue during Phase 3. Communicating with parents and distributing information within the secondary school are essential as well as monitoring how the adolescents are managing at home and in school. Many mothers faced difficulties when teachers were not familiar with the condition and did not adapt their teaching practice to accommodate the needs of the child. However, the additional resources or support in the form of the TA or mentors can compensate for the lack of adaptations and reassure the mothers that someone was working with them not against them.

The mothers commonly felt powerless throughout the transitional process, as often they were not able to implement changes or adaptations to meet their child's educational needs in school resulting in increased stress and anxiety. Instead, they were often awaiting information from professionals or for the support to be put into place by the professionals. Interestingly, the sense of being powerless made them strive more. This feeling of powerlessness and the need to strive for their child seemed an ongoing process for mothers whose children have ASD. The mothers' momentum of striving was kept up when they witnessed positive results. If the mothers are listened to and their child's needs are accommodated, then they are more satisfied. Nevertheless, the '*mothers' characteristics*' helps buffer some of the unpleasant reactions during the transition time as their strength, determination and resilience enable them to persevere and get the needs of their child met.

It seemed that they could become tired of the continual striving if they could not see results for their actions. The prolonged sense of feeling powerless could impact on the mothers more emotionally and physically in spite of their determination and resilience. In some cases it can lead to the mother feeling that she did not have the strength to continue fighting or to maintain her emotional equilibrium.

The mothers' sense of being powerless also had parallels in the experience of the adolescents and the professionals. The adolescents were reliant on others to fulfill their needs, they often felt out of control and lacked the skills to interact with peers. For the professionals, they wanted more resources but were unable to facilitate the provision. It was understood that it was up to those in charge of policies, procedures and financial budgets to implement the changes. The sense of powerless made the professionals feel that they were not providing sufficient support to the adolescents with ASD.

Other factors that are also influential on the transitional emotional rollercoaster are family dynamics, the understanding of ASD in the family, whether there are others in the family with ASD, and the support components surrounding the family unit. These factors can be intensely burdensome on the family and impact upon the mothers' wellbeing leading them to draw more support from their support network.

This chapter provided a detailed exploration of the mothers' experience of the transition. The theory of the '*transitional emotional rollercoaster*' was constructed to explain the complex interactions between different categories

that influence the mothers' emotional appraisal of the role they play in supporting their child's transitional process. A more thorough understanding of the facilitative and hindering factors as discussed in the theory could inform future practice and make the transitional process more manageable and seamless for the adolescents and their mother. The next chapter presents the adolescents' experience of the transitional process.

Chapter 6: Weighing up the Transitional Balance

6.1. Introduction to the Adolescents

This chapter commences with the adolescents' demographical information. The theory of '*weighing up the transitional balance*' and the storyline will be presented through detailed exploration of the categories and subcategories. The discussion includes the potential implications for future transitions based on the theory synthesised. Research literature directly from the adolescent population is scarce. The lack of research into the population might stem from the fact that those with ASD dislike communicating with unfamiliar people and have difficulties with expressive language. These factors may have impacted on the reduced number of adolescents who willingly took part in the study, however the information gleaned provided a unique understanding of the adolescents' experience of the transition.

Five adolescents (two females and three males) aged eleven to fourteen years old were interviewed. They were diagnosed with ASD at different ages with varying degree of severity. The adolescents' demographical information, family, school type and allocated additional support are summarised in Table 6.1.1. Two of the male adolescents attended a secondary school with a specialist ASD unit, while three of the participants attended schools outside of their catchment area, which required further transport. During the interviews some of the adolescents seemed uncomfortable talking to an unfamiliar person and some struggled with expressive language.

Table 6.1.1: Detailed information of adolescents interviewed

Pseudonym names		Other family members	Child's school	Additional support received in a week
Age interviewed	Diagnosis age			
Adam* (14)	4	Mother (Hannah) Father^	Secondary with ASD support unit	15 hours
Faith* (12)	7	Mother (Elisabeth) Father Younger brother^ Younger sister	Secondary school	None
Dan (11)	7	Mother (Esther) Father Younger brother	Secondary with ASD support unit	20 hours primary – 30 hours secondary
Ethan (14)	9	Mother Father Older brother	Secondary school	30 hours
Hope (11)	4	Mother (Grace) Husband Two older sisters Younger brother	Secondary school	None

*=Adolescent interviewed alongside their mother

Mothers who were also interviewed, were presented with their pseudonyms in the table

^ = Family member suspected to have ASD or undergoing ASD assessment

Adam was interviewed alongside his mother Hannah. Adam was less expressive with his communication and during the interview Hannah encouraged him to engage. Faith was interviewed alongside her mother Elisabeth who encouraged her to express how she felt. Faith was diagnosed with dyslexia when she was younger prior to her ASD diagnosis.

The next adolescent interviewed was Dan, he was interviewed on his own and his mother Esther was interviewed afterwards. Dan, who was in Year 6 during Phase 2, was able to communicate with ease during the interview. The oldest of the adolescents interviewed was Ethan, who was supported by his TA Rachel during the interview. Rachel had supported Ethan since he started the secondary school. Hope was interviewed alone after her mother Grace had

been interviewed. Hope communicated well during the interview on her own. Hope and Faith did not receive any additional ECHP support whereas their male counterparts all receive between 15-30 hours additional support in school.

The next section will present the Adolescents' theory in detail.

6.2 Analysis and Discussion

6.2.1 The Storyline

The theory of the adolescents' transitional experience of moving from primary to secondary school, '*weighing up the transitional balance*' (Figure 6.2.2), refers to the adolescents trying to adjust to the changes and managing their journey emotionally, socially and academically to obtain a balance. The core category, '*being pulled from pillar to post*', encapsulates the adolescents' changing emotional states and emotional reactions to the move from primary to secondary school, which varied from nervous to excited. These are normal responses to change regardless of an individual's developmental status. However, those with ASD often have difficulties with inferring or expressing their emotional reaction, as exemplified by Hope: "*I don't really like express it that much*" (line 353). This can make it difficult for them to make an accurate appraisal of a situation and for them to develop resilience to uncertainty, which can make for an unpleasant experience. The adolescents' aim was to feel balanced emotionally through being accepted by peers and having their academic needs met. The theory for the adolescents presented here explains the dynamic nature of how the adolescents with ASD can reach the affective

equilibrium across time during the transitional period. The storyline of the theory is explored in the following paragraphs.

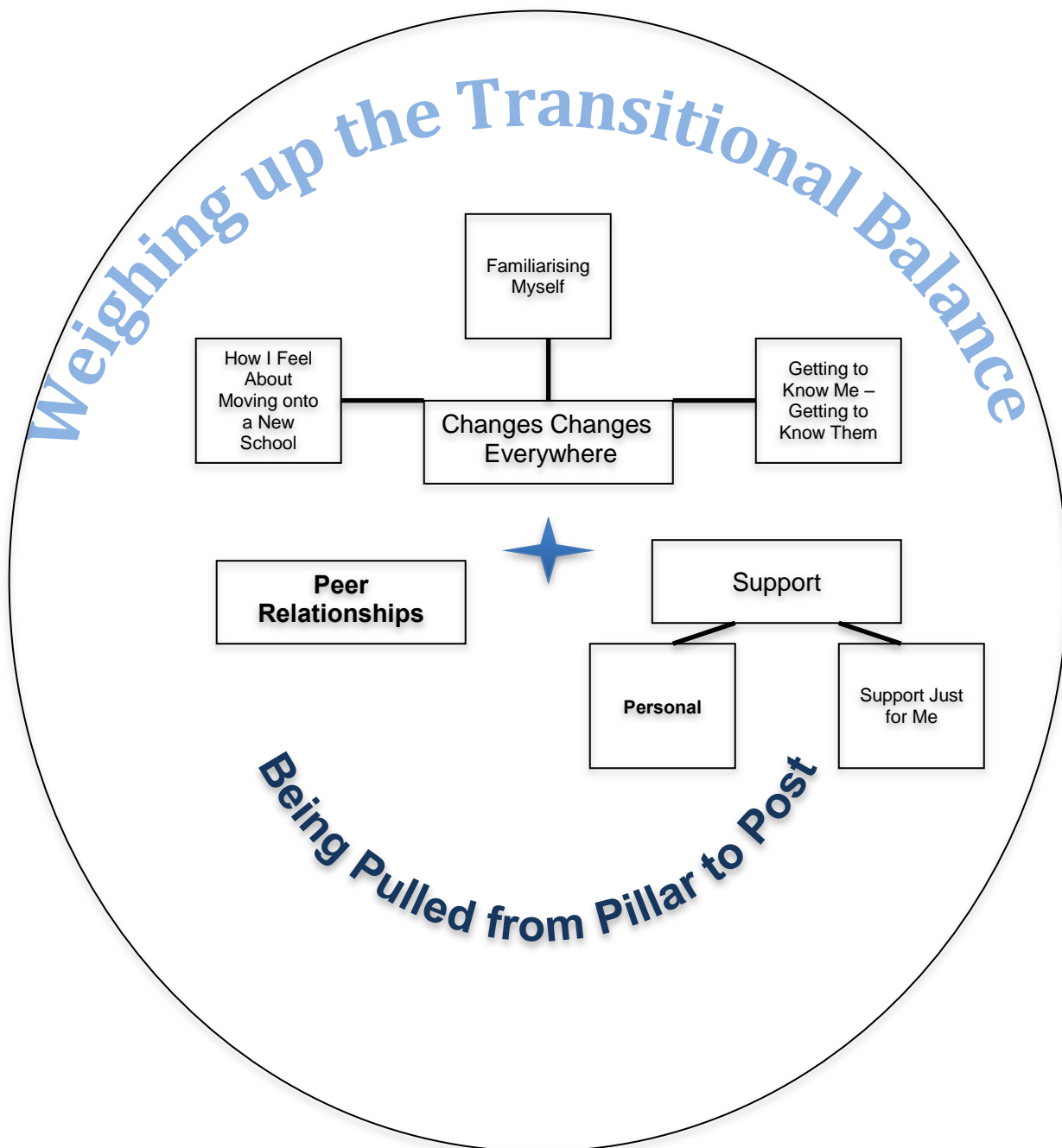


Figure 6.2.2: The Adolescents' Theory 'Weighing up the Transitional Balance'

The above diagrammatic formation represents visually the interaction between the categories of *'weighing up the transitional balance'*. The core category *'being pulled from pillar to post'* represents the dynamics of the constant push and pull among the three main categories. The adolescents felt emotionally pushed by the transitional process and factors from the categories aided them to feel pulled into security and allowed them to feel more at ease with the process. This differs from the Mothers' theory of transition in that the adolescents' emotional states are continually heightened and many changes are seen as out of their control. In contrast, the mothers experience the transition with varied levels of emotional arousal and some assume a role of their child's advocate.

There are three main categories in the Adolescents' theory: *'changes, changes everywhere'*, *'support'*, and *'peer relationships'*. The negative emotional states experienced by the adolescents are captured by the *'changes, changes everywhere'* category and can be alleviated through practical support and interpersonal relationships, making the journey more bearable and helping the adolescent reflect on it in a positive light. The relationship among these categories varies dependent on the severity of the adolescents' condition. Moreover, as ASD varies in symptoms and severity and is unique to the individual, the interplay amongst the categories proposed in the theory will also vary to different degrees. Interestingly, the adolescents were reliant on others to help facilitate and meet their needs, often through the parents support, yet within the school this was facilitated through keyworkers or peer relationships. They are more reliant on others to help support and achieve the emotional balance they desire.

The *'changes changes everywhere'* category has three sub-categories: *'how I feel about moving onto a new school'*, *'familiarising myself'* and *'getting to know me - getting to know them'*. These follow the timeline phases in the transitional framework (Chapter 4). As there were several changes occurring this led to increased emotional distress for the adolescents. The *'how I feel about moving onto a new school'* phase led to the adolescent feeling emotionally unsettled and anxious as they were unaware of their new school, once parents had included them and they were happy with their new school the amount of distress reduced. If they were supported by information and several transitional visits in the *'familiarising myself'* phase then the adolescent felt pulled into a secure place and were more relaxed about the impending transition. Mixing with peers with SEN or ASD during the transitional visits was favoured by the adolescent as it allowed familiarity with the peer group and encouraged peer relations to form, allowing them to feel reassured and accepted. The adolescents felt more settled as they were apprehensive about the change in environment and forming peer relationships.

Often the adolescents experienced increased emotional turmoil with the several unknowns and how they would manage with the enormity of the changes. They were able to acclimatise themselves better when they had meetings with their new teachers and were able to familiarise themselves with their new school at quieter periods. The adolescents needed a tailored support provision, due to differentiation of their conditions and severity in order for the adolescents to feel a sense of security. If this was not

implemented it led to increased levels of anxiety and distressing incidents in the '*getting to know me - getting to know them*' sub-category, stemming from their lack of ability to cope with the changes, and caused significant upheaval for the adolescent and their family.

The adolescents preferred to have appropriate support both emotional and practical such as alterations to practice to allow them to access the environment and curriculum. The adolescents were reliant on the support they received to feel safe as someone else was helping to meet their needs. If this was not available, the adolescents felt anxious and worried. However this support needed to be balanced by the desire of the adolescent not to be highlighted as being different to their peers, so any support needed to be subtle to be effective. This seemed dependent on the adolescents' condition and severity, as those with limited awareness seemed less concerned. All of the adolescents craved acceptance and the ability to interact with their peers, many needed support, as they were able to recognise that they lacked the skills to develop friendships. The '*support*' category was able to provide the much needed intervention to encourage peer relationships to develop. Interestingly, those adolescents with no allocated additional support established peer relationships and seemed to gravitate towards their peers during distressing incidents to help support them. The adolescent can feel pulled into security as their peers act on their behalf to get support.

The '*support*' category enabled the adolescents to feel more secure and assured, as they were reliant on their parents to act on their behalf. These aspects acted as buffers for the adolescents' emotional reactions and pushed

them into a safe secure place. Within the ASD condition sensory sensitivity may impact upon the adolescent in different environments. The support allowed the adolescent to access the environment when they felt able or offered alternative spaces for them to go at times of increased noise without which they might find difficult to cope socially during break or lunch times.

Through encouragement peer relationships increased the sense of acceptance and helped the adolescent to feel more comfortable in the environment. Again the level of intervention and support is dependent on the adolescents' ability so needs to be carefully balanced and monitored by professionals. Again, opportunities for relationships to develop enabled the adolescent to adjust and reduced their emotional distress.

The dynamic nature of the Adolescents' theory is a balance of the categories interacting together. The adolescents were focused upon themselves and were reliant on others to have their needs met and to feel emotionally balanced. The ideal situation would be for the adolescent to reach emotional equilibrium.

The following sections present the categories and sub-categories of '*weighing up the transitional balance*'.

6.3 Changes, Changes, Everywhere

The transitional journey for the adolescent was filled with several key changes in their school life. The adolescents spoke of feeling a mixed range of emotions along the different Phases of the transition, from "*it was massively*

stressful” (Ethan; lines 351-353) to “*amazing*” (Adam; line 145). As mentioned, it is a normal response to experience different emotional reactions during the transitional process. Yet, for those with ASD the uncertainty combined with their sensory sensitivity led to them needing more extensive preparations on the school’s part to enable the adolescents to acclimatise and familiarise themselves with their new surroundings. The adolescents referred to the uncertainty and the unknown as causing more anxiety and distress. For some they were overwhelmed and anxious by the amount of changes that were involved in transitioning to secondary school “*Just everything. The volume of people. The moving round classes. Different teachers*” (Ethan; lines 213-214). The category has three sub-categories representing the time period across transitional phases: ‘*how I feel about moving onto a new school*’, ‘*familiarising myself*’ and ‘*getting to know me - getting to know them*’. These are discussed in the below sections.

6.3.1 How I Feel About Moving onto a New School

The strong sense derived through the interviews with the adolescents with ASD was the realisation that they were moving on to a secondary school during Phase 1. An overarching theme reported by the adolescents was how they ‘feel’ about the new school. Understandably, the initial uncertainty of which school they would be attending increased their anxiety. Their initial trepidation towards the new school can be reappraised in a more positive light through parental reassurance, support and feeling of being involved in the process of identifying a suitable school. They also felt comforted when their parents appraised the secondary schools in a positive way. The adolescents

spoke of the need to know more about their new secondary school provision and the information surrounding the transitional process.

“Yeah, that’s helped a lot. But I didn’t, I wasn’t severely worried, just anxious. Generally just, erm, what was going to happen when I found the right one. I went there. It was nice. It was amazing. It just felt right.”(lines 82-89)

Dan (adolescent)

Their emotional response to transition changed after visiting the secondary school on open days. Yet this varied amongst the adolescents depending on the secondary school they were attending. The larger size of their new secondary school caused concern for many of the adolescents: *“small primary school to a big high school”* (Adam; lines 200-201). In contrast, Dan felt more reassured at attending the new school, as *“it’s a small school. Everyone is really friendly”* (line 52).

The initial trepidation appeared to reduce when they were certain of the school allocated. Even when the adolescents felt reassured, there were several changes that impacted upon them emotionally, as Hope expressed, *“Erm I was a little bit nervous, because obviously it was a change”* (line 148). Dan referred to feeling reassured about his new school, as there were *“trained staff”* (line 66), which could be inferred to be different to his current experience. Interestingly, all of the adolescents interviewed experienced difficulties during primary school and many were at the stage where they could not wait to leave as Ethan expressed *“Because school was difficult. I didn’t get any help”* (line 89). This factor may have been influential in how

some adolescents initially appraised the transition, as they and their mothers were waiting for a change.

After the initial emotional upheaval the adolescents then waited to familiarise themselves with their new secondary school and this is explored in the next sub-category.

6.3.2 Familiarising Myself

'Familiarising myself' occurred during Phase 2 where the adolescents desired to become more familiar with the new environment, professionals and peers for the impending transition. As it is a time of uncertainties, this affected the adolescents' emotional wellbeing. Many of the adolescents felt unsettled and more anxious, as Dan asked "*what was going to happen*" (line 78), prior to receiving information about their transition to the secondary school. The transitional information communicated to the adolescents with ASD varied across the participants and secondary schools they attended. Many received additional information and transitional visits compared to their typically developing peers (See Appendix 23, Table 1). For pupils who received more detailed specific and extensive visits to the secondary school they felt more in control, as they knew what to expect during the transition. They also appraised the transition more positively as they were more able to predict what was going to happen in Phase 2, compared to those who received the same provision as their typically developing counterparts. Ethan explained how he felt prepared through the visits:

"I had visits, quite a few visits...Coming up here, yeah, with the primary school and with the XXXX. We went round... We came to lots of visits and tried out the lunch club that I went to at lunch time."(lines 125-130)

Ethan (adolescent)

The extensive visits at different times enabled Ethan to feel more familiar with his new environment. However, there was significant disparity in the experience amongst the adolescents. Dan and Ethan who felt fully prepared months in advance *"I was anxious at first but, hey, it was amazing"* (Dan; line 76) whereas Hope and Grace received no additional information other than what was offered to their typically developing peers (See Appendix 23, Table 1). Consequently, Hope tried to prepare herself using cartoons as a reference point to picture her life at the new school *"like in cartoons and all that, they have homework from the very first day"* (lines 165-166). When the new routine did not match with her preconception, she felt *"disappointed"* (line 179). It may be the case that Hope was not provided with extensive information with regards to what to expect in the new school due to her comparatively milder manifestation of ASD. It was also likely that her mainstream primary and secondary school may not have had the specialised resources and provisions she required, or grasped how much information she required. Moreover, additional support may not be as accessible in different LEAs where Hope resided.

Interestingly, without an EHCP, Faith too received the same minimum information about transitioning as her typically developing peers. However, a family friend, who was also a TA at her primary school, prepared Faith, and

even though it was not within her role, she printed and laminated Faiths new timetable ready for secondary school. Such additional support during Phase 2 offered her a source of reassurance and made her new school routines more predictable. Pupils with ASD often have deficits with abstract concepts, using visual aids to familiarise them with the environment as well as their timetables seemed an essential component to reduce their emotional uncertainty prior to Phase 3.

An area that offered reassurance and familiarity to the new secondary school were the transitional visits. All of the adolescents interviewed explained how they had several transitional visits to their secondary school prior to attending compared to their typically developing peers. The visits provided additional opportunity for them to become familiar with the environment and their teachers, as well as for teachers to become more familiar with them. The adolescents' experience of attending transitional visits also varied markedly across the different individuals (See Appendix 23, Table 1). All seemed to feel nervous or anxious in the different environment, a seemingly typical response to change. However, over time their feeling towards their new school changed. Hope viewed her secondary school as *"a bit dull"* (line 316) on her initial visit. With a further three visits she then appraised it differently: *"I realised that actually I really like this school now"* (line 336). The key is for the adolescent to experience several transitional visits to the secondary school over time, allowing a gradual adjustment and familiarisation. For Dan he felt comforted by *"a nice friendly atmosphere. The head teacher knows every child's name in the entire school"* (lines 83-84).

Receiving more transitional visits enabled the adolescent to feel more comfortable in the environment and gradually adjust to the prospect of transitioning. It is extremely important for those with ASD to feel comfortable in their new secondary school as uncertainty may impact upon their emotional response, and familiarity offers a source of reassurance and predictability. These factors are small aspects that go a long way to supporting the adolescent to adjust.

Some of the adolescents were supported through summer school and additional transitional visits with peers with SEN, these experiences offered a similar reassuring effect as they became acquainted with peers with SEN and ASD, their teachers and the environment without having to process competing information from the full range of the student body. However, the concept of being in school and playing games without having to do work seemed confusing for some with ASD as to what the aim of the summer school was. *“We were playing games...Yeah and those were like I was like just weird 3 days of school. Not proper school”* (Adam; line 236). For Hope attending with other peers with additional needs and additional visits allowed her to feel more positive about transitioning *“Which was very nice. Erm, and erm, it was like with other kids who I think had special needs as well”* (lines 327-328).

The consensus was that the secondary school drove forward Phase 2. Adam and Dan received precise information tailored to their needs from their secondary school with an ASD unit. Dan (See Appendix 23, Table 1) was aware he could go to his support worker and where to find him. This could be interpreted to mean that some of the secondary schools were more familiar

with the ASD condition and therefore they understood the importance of relaying specific information to prepare the whole family on what to expect during the transition to make the process more predictable.

The '*familiarising myself*' sub-category presented the adolescents' different emotional states as they became more familiar with the secondary school and tried to achieve a balance. This reassured the adolescent and reduced their anxiety and worry.

As the adolescent moved into Phase 3 this led to a period of getting to know the environment, peers and professionals, which will be presented in the next subcategory.

6.3.3 Getting to Know me - Getting to Know them

This sub-category related to the adolescents getting to know their peers, the environment and their new teachers during Phase 3, and ultimately to others in the new school getting to know them. It took different time scales for the adolescents to adjust. The time in which the adolescent moved on during Phase 3 depended on interplay between their presentation of ASD, whether they were appropriately supported and if the professionals were informed about their condition in a timely manner. It initially evoked nervousness in the adolescent. After six weeks Ethan expressed "*then it calmed down a bit*" (lines 207-208) while Hope still found secondary school life challenging. Considering that several of the adolescents spoke of positive emotional experiences during Phases 1 and 2 (See Appendix 23, Table 1 & 2), the level of adjustment and support needed from all parties at this phase should not be

underestimated. The adolescents found reassurance during Phase 3 through the support they received and from their peer relationships. These aspects enabled the adolescents to manage this stage more smoothly. The *'support'* and *'peer relationship'* will be presented as two main categories later in the chapter. When the provision was adapted and adjusted to meet the needs of the adolescent, they felt more comfortable with the experience:

"That was quite easy because obviously Miss XXXX and I had spent two weeks with you, Miss XXXX, at first anyway. So I'd got to know Miss a lot"(lines 201-202)

Ethan (adolescent)

For Ethan, the professional at his secondary school liaised with his parents and his primary school to provide him with a well-planned transition that had been adapted to sufficiently support his needs and helped him to adjust to the new environment. Interestingly, an area of concern highlighted by many of the adolescents was the teacher's lack of understanding of their needs (See Hope's quotation below). This could have stemmed from their information not been passed on to their teachers or the teachers were too unfamiliar with the condition to know how to act on the information received.

"And then eventually I started getting really distressed, and erm, XXXX went up to the teacher again and offered to take me outside of the classroom and the teacher just said "She's fine." XXXX replied with "She's banging her head against the table, she's not fine." And erm, then the teacher didn't, erm, like try to actually address the situation herself, she didn't ask me why I was upset, she didn't ask me if I wanted to go to, if I, wanted to go outside of the

classroom, she just completely ignored what was going on and that's why I think she should at least go through a training course that will inform her about special needs, like erm, like autism, and all that, because obviously she doesn't know." (lines 707-725)

Hope (adolescent)

The above quotation illustrated Hope's emotional distress when she felt her teacher had managed her poorly. The perception that their teachers lack knowledge of ASD caused significant distress to the adolescent and their mothers. Both Faith and Hope were distraught by their teachers not being sufficiently informed of their condition or not implementing recommendations made by their parents. Faith's emotive excerpt below is indicative of her strong reaction to an incident during her settling in period. If the teachers had been briefed efficiently and informed of parental recommendations it may have been a different experience for the girls.

"Faith: They even lied to me...

Elisabeth: Yeah she was feeling poorly for a couple of days you know erm they just,they, you thought they weren't listening to you, was they...

Faith: That's cause, they weren't, they decided they could lie... They did lie (referring to professionals) mom said "Try (can't hear) try to keep me at school", cause they said "Your mom she doesn't want you home"... Complete liars"(lines 361-370)

Faith and Elisabeth (adolescent & mother)

The incident of teachers not adapting their practice to accommodate the adolescents' needs was not uncommon and was expressed within the Mothers' theory (See Chapter 5 Section 5.4.4) and is highlighted in the literature. Both excerpts illuminate Hope's and Faith's strong emotions as they felt as if they were being pushed and pulled to emotional extremes during their school days as their needs had not been sufficiently accommodated. Consequently, the impacts on their emotional state are considerable as aptly illustrated in Faith's very emotive recount of her early experience. Therefore, collation and utilisation of information pertinent to each individual pupil's specific needs should be paramount so that teachers and support staff are familiar with the pupil's condition to manage their needs. This issue will be looked at in the following sub-category of '*support just for me*'.

The consensus from most of the adolescents was that it took time for them to adjust to their new school. Offering additional support to the adolescent as well as carrying out more staff training on ASD may alleviate the distress caused by ineffective communication in the school. These aspects were also referred to in the mothers' (Chapter 5) and professionals' (Chapter 7) interviews where they are more fully discussed.

The '*support*' category alleviated much of the adolescents' emotional discomfort and is explored in the next section.

6.4 Support

The category of support is prominent throughout the adolescent storyline as they appreciated the quality of the support they received. This facilitative

category is important in compensating the negative effects which resulted from less accommodating practice. This category is comprised of two sub-categories: '*personal support*' and '*support just for me*'. Not all adolescents had been awarded additional formal one-to-one support (See Table 6.1.1). For some, it took time for the '*support just for me*' to be available, which resulted in emotional turmoil in the adolescents. Yet all of them emphasised the importance of support during their interviews. Hope expressed that "*I know that people on the autistic spectrum like things to be like planned out*" (lines 506-507) so knowing what to expect helps them to function better. The support from both a personal and practical level acted as stabilisers during transitional time for the adolescent to manage their emotional response to their daily challenges. The adolescents' quotations provide insight into what they deemed helpful to them during transition (See Appendix 23, Table 3). For some the preparation and '*personal support*' from their families helped them adjust and offered reassurance. In addition the additional support was recognised as imperative in the '*support just for me*' and enabled them to transition more smoothly to the new school.

The following section will look at the adolescents' view on the '*personal support*' they received.

6.4.1 Personal Support

The adolescents referred to informal support from family members and peers. The '*personal support*' seemed to act as buffer for the adolescent to manage the transitional process and to open up communication between the adolescent and the secondary school. They were able to seek comfort and

support from their *'personal support'* with their concerns, making this sub-category key to the transition process being managed better. The majority of the adolescents mentioned that they felt supported by their parents "*She helps all the way through*" (Ethan; line 238) and their peers (See Hope's excerpt below). Hope, Dan and Ethan all identified family members who provided them with a sense of reassurance.

The *'personal support'* element differed for the adolescents depending on the severity of their condition. Ethan felt reassured that his mother took him to meet his TA on the first day: "*Mum took me didn't she, the first day*" (line 172). For Faith, the *'personal support'* from her family helped reduce her anxiety of the impending transition by keeping her busy over the summer prior to Phase 3 "*doing a lot of the summer holidays helped*" (line 792). For Hope she felt supported in her new environment by a friend she knew previously:

"Erm, and it's good because she's sort of like my second learning mentor in a way, because she, erm, has a good friend with autism"(lines 449-450)

Hope (adolescent)

Many individuals with ASD have difficulties with socialising and making friends. Hope referred to her peer relationships as a source of comfort and reassurance. Note that this was different from her encounters during primary school. Interestingly, Hope was one of the more able adolescents interviewed. Her peer support seemed instrumental in her coping with the transition period and her subsequent experience during secondary school. It also demonstrates the differences within the ASD continuum, as some individuals

want to socialise but struggle with engaging while others are happy in their own company. The aspect of peer relationships was a concern for all of the adolescents interviewed and is explored in the '*peer relationships*' category.

The '*support just for me*' component is explored next.

6.4.2 Support Just For Me

The adolescents also talked about how they needed the support to be adapted and tailored to meet their needs and enable them to manage in the secondary school more efficiently. Information collated from the primary school and the parents during Phase 2 should inform how the tailored support would be implemented in Phase 3 (See Appendix 23, Table 3). This could include altering the curriculum for the adolescent, offering additional practical support or offering an alternative space at times of discomfort. The resultant adjustments offered to the adolescents included: not attending P.E., eating in a different location to their peers, and attending a homework club so the adolescent could function better within the school environment. However, the alternative arrangements were not always straightforward or readily available. Some schools received recommendations from their mothers or TAs for alterations to be made on the adolescents' behalf (See Rachel's excerpt with Ethan below). This sub-category was influential on the adolescents' emotional stability, as many expressed that the support, either from TA's or their learning support mentor, was an essential component in facilitating their learning, or communicating to others about their needs and emotions (See Appendix 23, Table 3).

“Ethan: Okay. If I’ve got good teachers. Because some of the teachers, like my XXXX, I can’t quite understand her... Erm, Miss helps me do work and coping in lessons.

Rachel: I mean we’ve had to change you from a few classes particularly earlier on because they were too rounded.

Ethan: Too rounded.

Rachel: Or you weren’t understanding the teachers. So we’ve had to, we’ve had to fight a bit to get what we want, but we do get it in the end.

Ethan: Yeah.”(lines 285-292)

Ethan & Rachel (adolescent & TA)

Ethan and Rachel’s excerpt illustrated that adults had to fight for alternative practices. Adam struggled to understand the purpose of registration and felt emotionally uncomfortable since *“it’s just spare time”* (line 377). Adam’s need to be removed from registration could easily be misinterpreted as defiant behaviour if the professional lack a sound understanding of ASD and Adam as an individual. Interestingly the adolescents who were satisfied with their needs being accommodated all received additional support via their EHCP. It could be assumed that these adolescents had a higher level of severity of ASD.

“Er, full time help with moving around school and in lessons and at lunchtime and break time. All round help.”(lines 270-271)

Ethan (adolescent)

When the support was tailored to their needs, the adolescents' transitional process was more manageable and smoother. It made the adolescents feel like they were being pulled into security as it offered reassurance that another person is supporting them like a surrogate parent. Ethan's initial reaction to Phase 3 improved with specific support. He reflected that the "*full time help*" (line 270) offered reassurance and reduced his initial anxiety as it helped him to adjust to his new environment slowly (See Ethan's excerpt above).

The element of '*support just for me*' is instrumental in supporting the emotional wellbeing of the adolescents. Adam, Ethan and Dan appraised the process significantly more positively compared to Hope and Faith who received minimal or no additional support. The lack of support was detrimental to the emotional wellbeing of the adolescent even though they might initially have a milder level presentation of ASD. Additional and altered support was put into place only after Faith and Hope experienced distress during Phase 3.

As Adam and Faith were interviewed with their mothers, their mothers mainly reflected on the support they had received. Particularly for Adam, his mother was extremely appreciative of the additional TA support for Adam. Faith's mother Elisabeth made recommendations for Faith to enter the school with alternative arrangements. Even though the secondary school were initially less favourable of the arrangement (See Appendix 23, Table 4, Faith excerpt), the outcome enabled Faith to adjust and when she decided she was ready to access her new school through the same door as everyone else, she did: "*Then the one day I decided to go through the back*" (Faith; line 825). This small alteration allowed her to feel more comfortable and secure in her new

environment. This demonstrates the need for the partnership between the adolescents, the parents and the professionals during Phase 2 to enable a tailored transitional package to be developed and to meet the needs of the adolescents in the mainstream school.

Several of the secondary schools facilitated an alternative time to complete homework within the school environment, as this is often an area of distress to adolescents with ASD. Discussion of alternative arrangements was more specific to pupils attending secondary schools with an ASD unit or those with a more severe condition. Both Hope and Faith were expected to complete homework like their peers, which may have been influenced by their mild presentation of ASD or lack of understanding from their schools to accommodate their needs. Faith commented on the amount of homework in the interview *“they try and give too much of it”* (line 446). Hope just could not complete it. Their mothers had to pursue alternative arrangements to be made to reduce their level of distress in this respect.

Importantly, it was clear that the focus of the adolescents interviewed was to be accepted by their peers. According to Dan, *“when you start to get special treatment, people like, erm, single you out and stuff”* (lines 111-112). Dan spoke of the negative emotional impacts upon him during the interview (See Appendix 25, Table 3). This observation highlights the need for a balance between receiving the appropriate support and not drawing attention to the adolescent, whereby the *‘support just for me’* should be provided sympathetically.

The adolescents desired security and tailored adaptations allowed them to feel reassured and pulled into a secure place and increased their wellbeing. However, the support needs to be deployed sympathetically without highlighting the different treatment of the adolescent in front of their peers as this can potentially decrease their emotional wellbeing and pull them down.

There should be ongoing consideration and evaluation of the support provided to assess whether it continues to be effective for the adolescents' learning needs or whether further adjustments are needed to make sufficient progress. Even with adolescents with milder presentation, the parents and professionals during Phase 2 should also consider whether they would be able to manage in a mainstream education environment in the absence of either additional TA support or more integrated practice to accommodate their needs.

Many of the adolescents struggled to interact socially with their peers, this was important for the adolescents' wellbeing and is explored in the following category.

6.5 Peer Relationships

'Peer relationships' were an important issue that could emotionally unsettle the adolescent resulting in a sense of emotional turmoil in some individuals. This is particularly relevant to adolescents who desired acceptance from their peers yet lacked the skills to integrate without support. This category explores how the adolescent felt about peer relationships. Many were unfamiliar with their peer group as they were attending secondary schools outside of their catchment area. The sense of not knowing their peers while keenly aware of

their difficulties with social interaction caused anxiety and worry *“I don’t make friends that fast”* (Adam; line 194). Some adolescents were aware of their difficulty with forming friendships as Dan expressed *“Some of the kids who are coming, I only got to meet them one week and I didn’t like any of them”* (lines 191-192). Dan was in Phase 2 and would transition in the coming months, this was a time when many of the adolescents felt comforted by recognising familiar faces they had previously interacted with during the additional transitional visits, *“there’s a girl... who I went to a summer club with”* (lines 407-408) this comforted Hope. Therefore, the impacts of peer relationship on their affective response toward Phase 3 were more highlighted in some of the interviews.

Some adolescents were supported to interact with peers through the ‘*support just for me*’ they received. Ethan explained *“I struggled to make conversation. I struggled to make friends. Just generally talk to people”* (lines 368-369). He was supported by his TA to interact socially with his peers. Some of the adolescents appraised their peer relationships as a source of ‘*personal support*’.

“Erm and it’s good because she’s sort of like my second learning mentor in a way because she erm has a good friend with autism...”(lines 449-450)

Hope (adolescent)

The above illustrated that for Hope having a peer that understood ASD was appreciated as much as the ‘*practical support*’ offered by her school. With sufficient practical support, opportunities for social interactions could help

adolescents with ASD to adjust and make friends. Ethan appraised that even though it was initially difficult for him to make friends, it got easier with help and over time *“Once you get to know everyone and make friends”* (line 363). Also, the sense of relief from recognising some of their peers from previous activities or during the summer school helped with the process of making peer relationships. Hope talked of *“there was actually a girl in my class called XXXX who I used to go to gymnastics with”* (lines 445-446). Recognising someone seemed to allow her to feel less isolated and offered a sense of reassurance. Ethan commented on how attending his new school along with his neighbour offered reassurance *“We walk together in the morning and back”* (line 111).

This category is closely linked to the *‘support just for me’* sub-category as knowing that the individuals with ASD struggled to interact with peers, professionals could encourage interactions during the transitional visits. Ethan’s TA set up small groups to provide a smaller environment to integrate him gently with his peers (See Appendix 23, Table 4, Rachel’s excerpt). This category underpins the core category *‘being pulled from pillar to post’* as many of the adolescents experienced both negative and positive emotions towards their peers. For Hope she was more reliant on her peer relationships to act as her support network, in one distressing experience she felt comforted and reassured by her peers support *“she gave me a hug and this other girl... offered to take me to my learning mentor”* (lines 233-234). Many of the adolescents referred to their concerns with peer relationships before Phase 3, which increased their negative appraisal. However after they started

to make connections this enabled their emotional response to become more balanced, as they felt more included and accepted in the secondary school.

This chapter has so far explored each of the categories and sub-categories that emerged from the adolescents' experiences. The next section will focus on exploring the dynamics among the main categories in the emerging theory in relation to new findings and compared to the research literature.

6.6 Overview of the Theory

An overview of the categories will be provided with reference to the research literature, and then the relationships and interconnections of the category to other categories will be presented. The core category '*being pulled from pillar to post*' is reflected in all the components, while the '*support*' and '*peer relationships*' categories alleviate the emotional discomfort experienced when readily available.

All of the adolescents similarly described Phase 1 of the transition as filling them with apprehension and anxiety at the thought of moving schools due to the many unknowns they faced. The anxiety and worry the adolescents felt concurred with the parental perceptions in Dillon and Underwood's (2012) and Makin et al. (2017) studies, even more so when there was delay in finding out the school allocation (Jindal-Snape et al., 2006). However, the current study utilised Charmaz's (2006) GT approach that allowed a deeper exploration of the adolescents' meaning and experience compared to previous THA approaches and identified that the adolescents' emotional discomfort can be alleviated when there is a balance of appropriate support, peer relationships and preparation. The adolescents in the current study felt more reassured and

included when they were accepted in the secondary school of their choice with more provisions specifically related to pupils with ASD.

All the adolescents felt reassured over time when provided with further information about the school, such as visits and a school map. Others received specific information including where to go to meet support workers, the actual plan for the first day, or a laminated timetable prior to school starting. This additional set-up and the extra transitional visits made the process of getting used to their new school life easier. It has been previously recognised by parents that their child with ASD and the adolescents themselves responded better when offered additional transitional visits (Jindal-Snape, et al., 2006; Makin et al., 2017; Tobin et al., 2012). This study was able to elaborate why these additional visits were important, as they offered more familiarity with the new environment to the adolescent and offered an opportunity to meet new peers and develop friendships.

Hope and Faith received similar preparation to their typically developing counterparts and adaptations to usual practice only occurred after they experienced emotional distress. For these two adolescents, the alterations were often prompted by parental recommendations. As the adolescents moved through the transitional framework they encountered a mixture of emotional states, depending on what '*support just for me*' was available to them and whether they could draw on '*personal support*' and the quality of their '*peer relationships*'. The ultimate aim was to achieve equilibrium and this occurred at different stages across individuals and seemed to be experienced in short bursts.

The adolescents felt more emotional upheaval in the *'how I feel about my new school'* sub-category. They drew on the *'personal support'* from parents and *'support just for me'* from the professionals. The adolescents also depicted different types of *'support'* that helped them cope with the times of discomfort during the *'familiarising myself'* and *'getting to know me, getting to know them'* sub-categories. Those who received additional *'support just for me'* were reassured and this eventually led to them managing areas that might otherwise have evoked strong emotional reactions (See Appendix 23, Table 3, Ethan & Dan excerpts).

As ASD is unique to the individual, alterations to usual practices at school need to be made to accommodate their individual needs. Without additional and specific support, the adolescent could be distressed by the journey (See Appendix 23, Table 3, Hope & Faith excerpts). There was disparity in the *'support just for me'* received by the adolescents. For some, the level of additional support was pivotal in enabling them to emotionally manage the transition. Negative emotional responses to the new school can result from lack of such adaptations and can be resolved by the school's timely revisions in their practice with the young person. This often left the adolescent feeling an array of emotions. Those that received additional support reported feeling more emotionally balanced. The support component was instigated in some cases after the adolescent was unable to cope with usual mainstream practice and had consequently experienced discomfort and emotional disequilibrium.

Schools with a specialised ASD unit or with a larger number of pupils with ASD tend to offer more well-rounded support and considered

accommodations to the adolescents with ASD at an earlier phase of the transition process. A paradox exists in that adolescents with a milder presentation of ASD can be left to their own devices in a large mainstream school without much support mechanism or adaptations put into place for them. Some expressed strong negative emotions during this time and Hope's strong view that her teacher "...*obviously...doesn't know*" (line 753) and should "*go through a training course that will inform her about special needs like erm, like autism...*" (lines 722-723) (See Appendix 23, Table 5, Hope's excerpt) resonates with some of the mothers' struggles with making their views heard as discussed in the Mothers' theory (See Chapter 5, section 5.4). Interestingly, those who seemed more able displayed insight into not having their needs accommodated by the professionals with awareness that they are entitled to the necessary provisions. The adolescents who did not have allocated additional support hours were more reliant on peer relations or parental support to act as their advocates.

On the other hand, adolescents with more severe ASD conditions and a clear EHCP were more settled in their new school after some time of adjustments. The level of support received by adolescents with ASD has previously been recognised as not being readily available or appropriate for the adolescents needs (Dillon et al., 2014; Makin et al., 2017). The current findings suggest that the support is less available for those without specified additional support hours stipulated in the EHCP or attending a mainstream secondary school without specialised provisions. Interestingly, the adolescents seemed to want a balance between appropriate support and reducing unwanted attention from peers due to the additional support received (See Appendix 23, Table 3, Dan

excerpt). All the adolescents shared the notion that support was imperative, whether from their parents, peers or professionals.

The '*peer relationships*' category is interlinked with the '*familiarising myself*' and '*getting to know me, getting to know them*' sub-categories. When the adolescents perceived their secondary school to be a safe environment where they could interact with familiar peers, they felt more at ease and secure with the impending transition in Phase 3. Issues related to '*peer relationships*' can also make the adolescent feel anxious unless the adolescent is supported through interventions to become familiar with their peers and feel accepted. Despite many of the adolescents initially feeling concerned or worried over peer relationships, this seemed to reduce when they attended the secondary school provision. The main concern was their lack of ability to socially interact due to their condition and whether their peers would accept them. Peer relationships are an area that is challenging for those with ASD and literature highlighted increased peer victimisation and bullying as a concern (Batten et al., 2006; Dillon & Underwood, 2012; Makin et al., 2017; Tobin et al., 2012). The depth of the GT approach facilitated greater understanding that those with ASD do desire peer relationships yet at times lack the skills or opportunities to instigate friendship, this can be supported through opportunities for peer interactions with like-minded peers, this then has a positive influence on the adolescents' wellbeing. Note that all the adolescents in the current study described positive peer interactions after time. Opportunities for building on peer relationships and providing information that offers details to reassure the adolescents and make the initial settling in process predictable was received favourably by the adolescents. Some of the

adolescents needed more encouragement and support than others to interact with their peers. The need to build up peer relations has been recognised for those with ASD to make them feel more at ease in a new setting (Orsmond et al., 2004), this study provided insight on successful strategies to aid interactions.

The adolescents' discussion on '*peer relationships*' related significantly to the '*support*' category as the peer relationships buffered some distressing experiences in the '*changes, changes, everywhere*' category. Since most of them attended a school outside of their catchment area, early opportunities during the '*familiarising myself*' period encouraged interaction on a smaller scale through transitional visits or the summer school during Phase 2. This allowed the adolescents to meet other adolescents that had additional SEN and to interact with them in a more relaxed environment. Those whose condition was more severe required additional support through the '*support just for me*', with additional times and settings that are less intimidating, such as smaller groups for the adolescent to interact with peers. These factors were instrumental in the adolescent feeling more comfortable in the '*getting to know me - getting to know you*' phase as for some their peers acted as an emotional stabiliser and as an advocate in times of distress.

'*Support*' is a well recognised factor in the research literature that enables the adolescent to cope with the transition (Dillon & Underwood, 2012; Galton et al., 2003; Pellegrini & Bartini, 2000; Starr & Foy, 2012), however the specific nature of what constituted support was not explored. The adolescents' voice captured in this study saw them draw on both informal support from family

and peers as well as '*support just for me*' from the professional. The support component was essential for the adolescent to move more smoothly through the transitional Phases. It is recognised that adolescents have a right to receive the appropriate support (DfE, 2012; Families Act, 2014). However, when it is absent, it can lead to a significant decline in the adolescents' ability to cope and impact upon their wellbeing.

Insight into the new findings is explored in the following section.

6.7 New Insights from the Theory '*Weighing up the Transitional Balance*'

The transition period is a time of changes and challenges for those with ASD, the adolescent focus was on how they would manage during this time, which differed from the other two theories. The current findings provide the adolescents' in-depth perspective of the transition as they are and have experienced it. The new theoretical framework '*weighing up the transitional balance*' indicates the increasing demands that the adolescents experience during the transition and the desire to have a balanced provision to adjust through transition. It is enormously challenging emotionally and psychologically for them as they face several changes occurring simultaneously that they have little control over and are reliant on others to help and support them to reduce the discomfort they experience. The adolescents are emotionally pushed and pulled which is encapsulated in the core category, the aim of which is to enable the adolescent to be emotionally stable through a balance and carefully weighted provisions. The adolescent may experience interludes of calmness gained through the positive buffers of '*support*' and '*peer relationships*'. The emotional ambivalence can be

influenced by whether the categories are positively pulled together or a pushing against one another which may result in a disjointed experience and affect the adolescent gaining emotional stability.

The current findings captured how those with ASD experience the transition, their voices are pertinent in making recommendations for better future practices and to reduce the proportion of emotional discomfort experienced and help them move forward and feel more emotionally balanced. The storyline is embedded in the core category *'being pulled from pillar to post'* which captured the adolescents' changing emotional reactions from feeling excited to nervous when they were transitioning to a new secondary school. Their emotional state during the transitional process is constantly evolving with an amalgamation of different emotions such as apprehension, anxiety, reassurance, disappointment, amazement, distress, inclusion, acceptance and feeling at ease. As the adolescent moves through the *'weighing up the transitional balance'* the ultimate aim is to proceed through all the transitional framework stages buffered by *'support'*, *'peer relationships'* and adaptations to enable them to feel emotional equilibrium.

The transition process needs to be tailored to the individual. Lack of procedural alterations in school during Phases 2 and 3 can be compensated for to some extent by positive peer relationships. Adolescents with ASD benefit from more extensive transitional visits with peers that have additional SEN or ASD, this positively encouraged familiarity with peers and social interaction, pushing up their wellbeing and pulling them into a secure base.

Thus, it enhanced how the adolescent appraised meeting their new peers during Phase 3 and allowed them to feel more comfortable.

The adolescents' needs can be accommodated through additional and tailored support during a well-planned transitional framework, delivered by a close partnership between the school and the parents. The transition process needs constant monitoring and adjustments made to accommodate the adolescents' condition and for the adolescent to develop independent skills. If the correct provisions of support are not in place then the adolescent experiences distress as a result.

The effectiveness of providing adapted and tailored support to the adolescents' specific needs depends on the resources available, the nature of the adolescents' needs and the expertise of the secondary school staff working with pupils with ASD. The professionals' awareness of ASD is imperative in informing how their teaching styles should be adjusted when working with this particular group of pupils. The support provided needs to be done sympathetically so as to not draw unwanted attention to the adolescent as they desire to be accepted by their peers and feel concerned this may impact on the formation of relationships or how their peers view them. Counselling Psychologists would be able to support the professionals through enhancing their knowledge and skill base to support the adolescent to emotionally cope within the mainstream environment, especially during the transition. A more integrative strategy developed closely with the parents instead of localised and disjointed changes would carry more weight in bringing about the facilitative effects in the adolescents' learning. When this is

not readily available, adolescents valued the support by their family who are able to act as an advocate on their behalf and their peers who provide them with '*personal support*'.

In addition, continual one-to-one support without review might deprive the adolescent of the opportunity to develop and apply skills they have learnt. Those adolescents with allocated additional support hours experienced a smoother transition and the ramifications of this aspect were prominent in the current study in the contrast between Ethan and Hope.

The adolescents' emotional responses fluctuated depending on the dynamics amongst a multitude of factors: the level of their ASD presentation, communication between the school and the family, whether their needs were identified and accommodated, support and resources available to the adolescent etc. To achieve the best outcome of emotional equilibrium all of the categories need to be amalgamated and their impacts balanced. Some barriers are due to impairments specific to their condition. There is a strong sense that the adolescents are powerless in obtaining what they need to make the transitional time better for them. The sense of lacking control is echoed in the Mothers' and the Professionals' theories as they also see themselves as being powerless to certain degrees.

Moreover, the notion highlighted in the current study demonstrates a discrepancy between the idealised notions of the adolescent achieving affective equilibrium and what they actually experienced during the process, as presently many face emotional discomforts during transition. The

adolescents' varying levels of ASD presentation results in the distinctive dynamics amongst the interactive categories during this process. The adolescents themselves are not able to achieve emotional equilibrium alone. They need advocates as well as partnerships between the professionals and parents working together to establish their needs and to provide a tailored plan of support. The adolescents interviewed clearly recognised what helps make the transition more comfortable. They should also be included in the development of the adolescents' individual education plan regardless of their level of severity.

The practice of the professionals is extremely influential in this theory in how the adolescents experience the transitional process. The interviews with the professionals will be presented and discussed in the next chapter.

Chapter 7: The Nitty Gritty

7.1 Introduction to the Professionals

This chapter theorises the professionals' perspective of the transitional period. The professionals' demographics, role and school domain will be presented, followed by the introduction to the theory, diagrammatic representation and insight into the storyline where the core category is embedded. Each category of the theory will be explored with reference to excerpts and then the chapter will conclude with an overall discussion of the theory with relevance to the previous literature and new findings presented.

Eight professionals responded to the advertisement to take part in the research. They held different roles in schools and had varying degrees of knowledge and awareness of ASD and varied involvement with the transition process. Information in Table 7.1.1 provides background information for each professional interviewed. The participants interviewed offered a range of different levels of capacity in managing the transition. The sample was more biased towards those based within a secondary school. The sample was female only. However, the gender bias in this small sample is mostly representative of the teaching profession as the proportion of female professionals employed within education is 73.9% (DfE, 2016).

Table 7.1.1: Detailed information of professionals interviewed

Pseudonym	Professional Role * = ASD in family	School type
Chloe (48)	Assistant SENCo	Primary
Bethan (32)	SENCo	Primary
Lily (56)\$	SENCo	Secondary
Joanna (44)	Assistant Head Teacher	Secondary
Angela (39)*	Learning Mentor	Secondary
Rachael (42)	Teaching Assistant	Secondary
Sharon (24)	Curriculum Intervention Assistant	Secondary
Victoria (46)	Teacher	Secondary

\$ = Lily was also interviewed alone

* = ASD in the participant's family

Chloe had been working at the primary school for fourteen years and in her current role as an assistant SENCo for three and half years. Bethan had been a qualified teacher for fourteen years, mainly working within the early years department and had been in her current role for just over a year.

Lily, Joanne and Angela were employed at the same secondary school and interviewed together due to limited availability. Lily retired from her role as SENCo whilst taking part in the study. Lily was interviewed on her own later to gain further information on her view on the transition process. Lily qualified as a teacher in 2004 and had been the SENCo for seven years. Joanne was their assistant head teacher since April 2016 and the transition manager. She took over as SENCo when Lily retired. Joanne was also a parent to a child on

the autistic spectrum. Angela was a learning mentor and managed the nurture room and heavily supported the transition process.

Rachel was a full-time TA to Ethan since he started the secondary school. Rachel also supported Ethan during his interview and provided additional information on his transition. Sharon had been in her current employment for six years and taught English to students that required additional support from all year groups.

Victoria was a part-time science teacher across all secondary year groups and qualified as teacher seventeen years ago. During this period Victoria had career breaks to have a family. Victoria's nephew has ASD.

7.2 Analysis and Discussion

7.2.1 The Storyline

This section focuses on the analysis of the professionals' experience of the transition. Figure 7.2.2 displays the diagrammatical representation of the theoretical storyline, the '*nitty gritty*', for the professionals' experience of working with adolescents with ASD in the transition process. The '*nitty gritty*' implies that the professionals need to be equipped with awareness and knowledge to understand the intricate details of ASD and the relevance of their support to then harness this knowledge and resources to make sufficient preparation and adaptations to practice to manage a smoother transition for adolescents, parents and themselves. Therefore, if the professional is adept in fulfilling the needs of the adolescents, parents and other professionals

through making alterations, this enhances their overall confidence and makes them feel more competent in their role. The professionals' competence and confidence would then improve their management and collaboration of the transitional process.

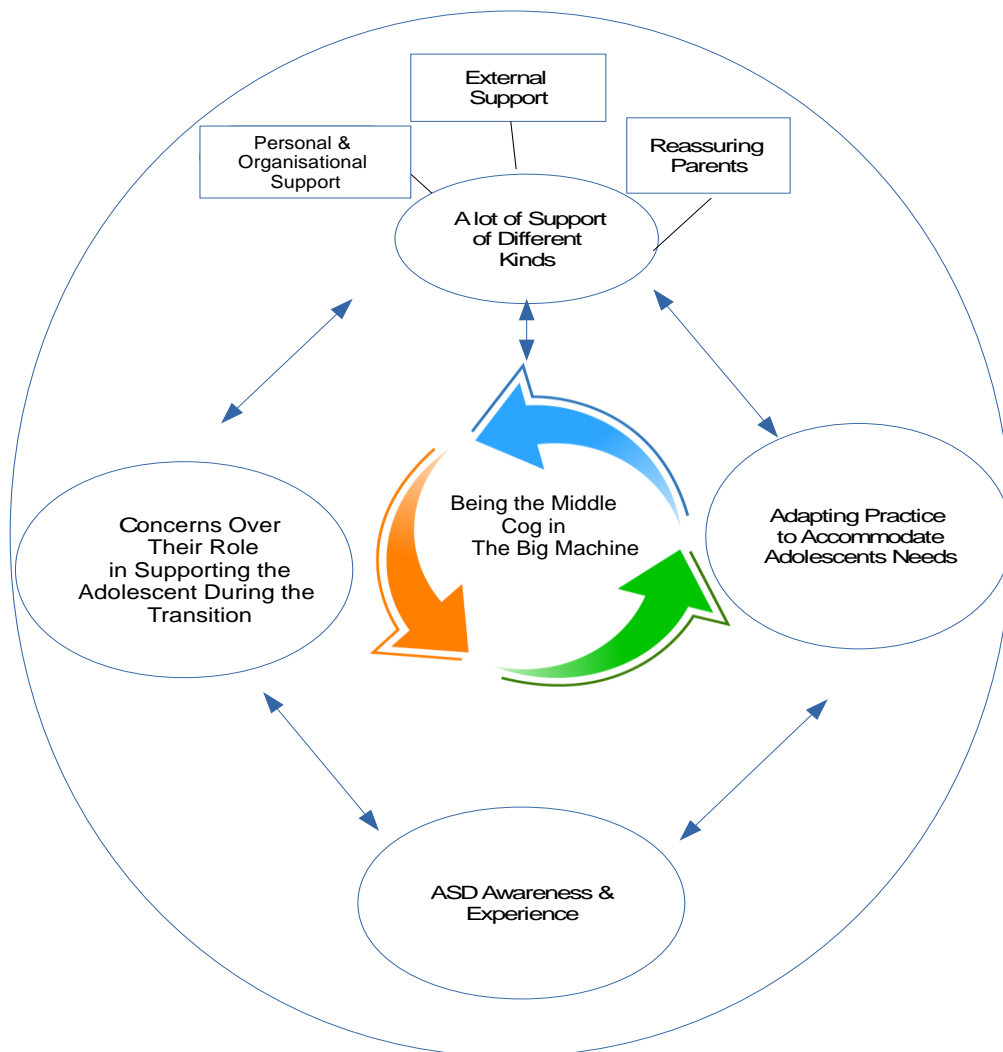


Figure 7.2.2: Diagrammatical Representation of the 'Nitty Gritty'

The core category of *'being the middle cog in the big machine'* refers to the professional being a prominent figure in planning, communicating and executing all the relevant categories throughout the three transitional phases to ensure the minute detail in every aspect of the transition is considered and tailored to each adolescent with ASD. The expression *'being the middle cog in the big machine'* has a connotation of being a vital but often overlooked part in a large organisation. The whole machine cannot function without this essential small part but the person can often feel insignificant or not in charge. The core category aptly refers to the observation that the professionals often felt restricted in their role or are reliant on others in the transitional process.

The professionals' *'ASD awareness and experience'* is pivotal to the foundation of the storyline of the *'nitty gritty'* as without a clear understanding of the condition they would then misunderstand the relevance and the need to achieve the *'nitty gritty'*. The professionals' knowledge and experience of working with individuals with ASD is imperative in their role to support the adolescents' needs through the transition process. Without a sound understanding, the implementation of the support to both the parents and adolescents and accommodation of the individual needs will be impeded. The professionals play a prominent role in turning the cogs of the transition machine to get all areas accommodated.

There are other main categories to master for the professionals to get the *'nitty gritty'* just right for each pupil with ASD during the transitional time: offering *'a lot of support of different kinds'*, *'adapting practice to accommodate adolescents' needs'* and *'concerns over their role in supporting the transition'*.

These categories are closely related to one another and influence the streamlining of the transition, and each can alter the relevance and levels of the other categories. For example, if the sufficient information has not been gathered on an adolescent or child then the level of support provided may not sufficiently meet the adolescents' needs, thus leading to challenges for the professionals and potential emotional turmoil for the adolescents and parents.

Moreover, the professionals' support is multifaceted and offered on the personal, organisational, and external levels. It can also be of a practical or emotional kind, which will be discussed in more detail in the '*a lot of support of different kinds*' category. The support enables the adolescents to access the mainstream provisions and adjust to their new environment and is closely linked to '*adapting practice to accommodate adolescents' needs*' whereby the professionals provide the resources needed and adapt their practice to suit individuals. However, there are challenges and constraints that the professionals face such as lacking resources and communication and, in some cases, a sense of control. This is related to '*concerns over their role in supporting the adolescent during the transition*'. If the professional does not have a sound understanding of the adolescent with ASD through prior communication with other professionals or sufficient training, recognition of what they need to adapt in managing the transition may be delayed. A sense that they are a cog in the big transitional machine is prevalent in the main categories of the Professionals' theory of the '*nitty gritty*'.

The professionals' involvement in the process varies according to their role, whether they are based within a primary or secondary school setting, and the

resources available. The dynamics in terms of how each category interacts with one another also changes when the adolescent moves across different phases along the transitional framework (i.e. initial, orientation and settling in).

Each category and the relationship to the theory will be discussed in detail in the following sections.

7.3 ASD Awareness and Experience

This category captured how the professionals' awareness of and experience working with individuals with ASD is fundamental in the theory of the '*nitty gritty*'. Without such understanding and experience, there would be few alterations in practice to accommodate each adolescent. It was highlighted in the interviews that the professionals' awareness of ASD varied across the different professional roles. The contrast between the specific behaviours mentioned in Victoria's excerpt is notable compared to the more generic account from Bethan.

"Erm, I have some... I wouldn't say that I know it all, but I have some idea, erm, of, erm, compulsion for order, lack of eye contact at times, erm, obsessiveness. What else would I say? Erm, unable to identify emotional behaviour or read people's emotional behaviours, and therefore can't predict how to react with situations" (lines 30-34)

Victoria (professional)

"It's usually, erm, that in my experience, they like to follow their own agenda. It's usually when it's not fitting with what you want them to do"(lines 56-59)

Bethan (professional)

The excerpts illustrate the professionals' different depth of understanding when asked to explain their knowledge base of ASD and their continued professional development (hereafter CPD) on ASD. Some of the professionals' knowledge can be a basic overview of ASD (See Appendix 24, Table 1, Sharon, Chloe & Bethan excerpts) or an in-depth knowledge base (See Appendix 24, Table 1, Victoria's & Lily's excerpts). Professionals that had a higher proportion of ASD students or personal experience of ASD seemed to have more extensive understanding of the intricate nature of ASD.

Professionals' awareness of the condition can be influenced by the interaction they have had with individuals with ASD. Many appreciated that these pupils are unique in their presentation: "*You're never going to meet two autistic children that are the same*" (Sharon; lines 90-91). Victoria commented that she had limited training on the condition and even though she had a good knowledge base, she still found it "*frightening*" (line 77) if she has a student with ASD in her class. Therefore, it is noteworthy that even with a good knowledge base of ASD, without direct hands-on experience the professional may still feel unconfident in managing the child with the condition.

It was considered whether some of the vague descriptions of ASD offered by the professionals might stem from their preference of not stating their lack of familiarity with the condition. Some might have felt under pressure to offer a generic description of some kind during the interview. A robust training package or CPD on ASD was not universally available to the professionals.

There seemed no clear guidance on the level of training a professional in the school environment should receive about ASD. Some of the professionals with a personal interest in developing their knowledge base spent time outside of their professional remit to learn about the condition to add to their work (See Appendix 24, Table 1, Chloe's & Lily's excerpts). Even when a professional such as Victoria recognised that she would benefit from having more extensive knowledge of ASD (See Appendix 24, Table 1), she was constrained in that her CPD had to relate to her specific role in the school. For some, their current experience was gained through working with the external ASD agency or with children with ASD. As there was no specific training on ASD during the teacher training, receiving any form of exposure was appreciated, as Bethan commented "...*that was great*" (line 124), to gain experience from working with a pupil with ASD as a trainee teacher. However, it is worth noting that even with this exposure Bethan's awareness of ASD lacked detailed understanding of the different facets related to the condition.

The training aspect at the workplace was particularly important to improve the professionals' awareness and experience of ASD, given that there was no definitive training on ASD awareness during the teacher training. All the professionals mentioned different levels of CPD training on ASD, yet they were not precise on the details of the training. Those working within a secondary school with a higher proportion of students with ASD had received a more extensive CPD and training package. Therefore, the level of training received is dependent on the school and the relevance to the students attending the school.

The discussion thus far highlights that there might be a deficit in providing the appropriate resources and training for the professionals to enable their management of those with ASD effectively. There is also likely a gap in monitoring teachers' knowledge base of ASD. Such a gap may influence their teaching practice, especially when they are involved in the transitional process. Some professionals interviewed in this study also recognised that the parents are pertinent for them to gain a wealth of information about the adolescent, and regard them as the experts. Lily's and Victoria's excerpts made a strong point in this respect: *"So for my formal training, I learnt a lot from the real professionals, the parents, and from talking to the kids"* (Lily; lines 920-921). Others openly stated that they were not as familiar with ASD as the parents' and therefore parental input was crucial to manage the process effectively.

"I think autistic children, it's so personal to them, because it depends on what their severity is as well, so I think that a conversation with the children sometimes helps. As well, to know what their, what they want to get out. But sometimes you don't have time as a teacher to do that."(lines 366-377)

Victoria (professional)

It was insightful how Victoria was aware of the importance of including the adolescent in the transitional process and for professionals to understand what the adolescents would like to get out of the lesson, as well as the recognition of the limitations that teachers are faced with. Often the professionals are too constrained by resources and time available to efficiently support each student's needs. The sense created is that there is a

process of weighing up the costs and benefits of the professional training to be able to manage the adolescent or to have the resources to be able to adapt practice for the adolescent to manage in the school. The emphasis is that it is down to the professionals' discretion whether the adolescents need further resources. However, if they are not familiar with the intricate nature of ASD they may misinterpret the adolescents' behavior and misjudge the support needed. These findings indicate that professionals seem to have a mixture of knowledge and awareness of ASD, ranging from extensive to minimal.

Interestingly, several of the professionals referred to the extensive strategies of how to adapt practice that they can access on the computer system, yet did not divulge or explain what or how they have used them. However, even with access to support strategies and information on the ASD condition, some of the professionals still lacked understanding and awareness of the condition. In addition, some professionals were still concerned about their ability to efficiently manage those with ASD despite having access to these tools and support. This may indicate that it is more to do with the lack of time and sufficient training for the professionals to develop a comprehensive understanding of the condition and feel confident in their ability to apply strategies.

This category is linked to all the other categories, as the better the professionals' understanding the more equipped they will be during the transition process to put the '*nitty gritty*' in order to provide the adolescent appropriate support for them to enjoy a smoother transition. One of the

essential elements of the '*nitty gritty*' is for the professionals to become familiar with the adolescents' and their parents' needs. The professionals started off the process by collating information about the child with ASD at the primary school. The information collated enabled the professionals at the secondary school to become more familiar with the student's conditional traits such as sensory sensitivities and areas they may find more challenging (See Appendix 24, Table 2). It was common that the professionals' in the secondary school received the information prior to Phase 3.

The process of gathering information about an adolescent can seem to be a long procedure. However, armed with detailed case information, it could save the professionals time in the long term as they are able to pre-empt areas of disruption and prevent this from occurring (See Appendix 24, Table 3, Lily excerpt). During this time the professionals are able to familiarise themselves with the parents and the adolescents through meetings and transitional visits. Sufficient groundwork carried out during this time would allow the professional to function successfully as '*the middle cog of the big machine*', getting the '*nitty gritty*' just right for a smoother Phase 3.

However, Victoria's excerpt below presented a different picture in practice.

"The SENCo will then write up a report for every individual student who is coming into the school with any information that they know from the primary school. So that's week five, erm, after they've had their photographs taken and all this information has been collated and any issues have been ironed out during the first weeks of transition. And then as a school, they give us an

XXXX with their educational needs, erm, any teaching strategies that help”
(lines 378-383)

Victoria (Professional)

The above excerpt illustrated that some professionals are not aware that the student is autistic until almost into the end of the first half of the autumn term. Therefore, the personal support needed would not have been put in place for the student during the initial settling in phase. The delay in disseminating the pupil's documented condition amongst secondary school staff could jeopardise how the adolescent is managed, resulting in detrimental effects upon the adolescents' wellbeing. This delay was echoed in the discussion of the Mothers' theory (See Chapter 5 section 5.4).

The professionals' understanding of ASD is paramount to ensure that the correct level and type of support is provided. The following section will look at the nature and type of support that the professionals provided.

7.4 A Lot of Support of Different Kinds

The professionals recognised that the support component was essential to enable the adolescent to function and embark successfully on the transition process. The notion of smooth was referred to as the adolescent being able to transition with minimal disruption. The professionals talked of different types of support so these were segregated into three sub-categories: *'personal support and organisational support'*, *'external support'* and *'reassuring parents'*. These sub-categories will be explored in further detail.

7.4.1 Personal and Organisational Support

The professionals expressed that communicating with the parents, adolescents and other professionals is the foundation of getting to know the adolescents' support requirements (See Appendix 24, Table 3).

“It’s basically down to, erm, individualised learning programmes really. You can do the social element of it, getting them there and making them feel happy and secure and safe. You’ve got to get that right before they’ll start doing the learning, otherwise they won’t learn”(interview 2, lines 312-316)

Lily (professional)

The above illustrates the lengths some professionals would go to get the foundation right from the beginning and adjust their practices and provisions to accommodate the adolescent (See Appendix 24, Table 1).

There was a notion shared by the professionals that the *‘personal support’* was indicative of the severity of the adolescents' condition. Rachel explained that Ethan required the support of his TA from the primary school alongside her as his new TA at the secondary school during Phase 3, suggesting Ethan's condition was more severe to require this level of additional support. According to Rachel, Ethan had *“crossed some massive hurdles”* (line 452) through the *‘personal support’* she had provided that had enabled him to remain in mainstream education.

Those secondary schools with a higher proportion of students with ASD seemed to prioritise the transition process more so than schools with limited experience working with students with ASD. The professionals with more ASD students seemed to advocate in-depth preparation and specific set-up for the adolescents and their parents as they are more aware of the reasons and benefits behind these.

“...we’ve gone for an EHCP now, so he’ll have set times on, he’ll have current hours on that so that will guarantee he’ll definitely have the support in place up there. And he’ll have one key worker I think as well” (lines 206-210)

Chloe (professional)

From a primary school perspective, Chloe and Bethan (See Appendix 24, Table 3) seemed to have little control over the management of the transitional process. Therefore, their ‘*personal support*’ was obtained through trying to secure an EHCP to ensure additional support was available when the child arrived at secondary school. In Chloe’s case, trying her best to obtain some support for her student was a way to feel involved, as she was uncertain of the process. She was not informed how the pupil had managed the transition to the secondary school after they left.

It is interesting to note how the sense of lacking control and involvement was internalised by some of the professionals in the primary school. Such a sense may lead to some staff at the primary school regarding their role in the transition process as unimportant compared to that of their counterparts in the secondary school. This may partially explain why the knowledge and

awareness of the transitional management appeared vague in some professionals working at the primary school as they may not have been informed of the transitional process. However, it should be noted that their desire to be informed of how the adolescent has managed with the transition seems to parallel how the mother felt uncertainty about the process when their child starts at the secondary school (See Chapter 5, section 5.4).

Where there are a higher proportion of students with ASD attending the secondary school, the resources are more proportionate to enhance the professionals' awareness and knowledge of working with pupils with ASD. However, there are competing needs vying for the same limited resources to be allocated in the secondary school. This raises an important issue in that the professionals are reliant on those managing the financial budgets within the school provisions to provide them with the appropriate resources required. Some of the professionals' feelings towards managing the transition process have parallels to those experienced by the mothers and the adolescents: feeling not in control and at times not supported appropriately: They could feel worried and concerned about the outcome for the adolescent. *"But I'd like to think that there's enough support in place"* (lines 272-273) as commented by Sharon and Chloe referred to *"I'm not supporting him"* (line 32) yet hopefully others at secondary school will. This aspect is related to the need for consistency for all involved in the transition process, whereby the professionals have the appropriate training and resources that enable them to efficiently support the adolescents' needs.

Difficulties and challenges occur when there are restrictions of resources and

limited staff knowledge. The professionals felt reassured and valued through the ‘*external support*’ they received, which is explored next.

7.4.2 External Support

The professionals also referred to support offered by external ASD agencies, for example Autism Outreach. The sub-category of external support generally saw the professionals’ appreciation of the additional support offered: “*they do a fab job and they’re so aware of the transition*” (Bethan; lines 305-306). During the process of transition, the external agencies support both the adolescent and their family, and provide information about the adolescent to the secondary school (See Appendix 24, Table 4, Chloe’s and Lily’s excerpts).

“Also as Joanne said, we have XXXX will work with their child in primary school to produce a pen portrait. This is me, so, so, we’ve got it from the child’s point of (view) as well, if I’m feeling stressed I like to do this, I need a safe place to go to, yeah, I don’t like noise”(interview 1, lines 374-377)

Lily (professional)

Lily’s comments highlight the benefits of having in-depth information for all of those with ASD so appropriate provisions can be considered and made for the adolescent in advance. The external agency’s work with the child at the primary school therefore bridges between the primary and secondary levels. The positive recognition might partly stem from some of the professionals having less involvement in the transitional process or not having supported many children with ASD before.

The professionals also recognised the need to reassure the parents as they were affected by the transition too. This is explored in the following sub-category.

7.4.3 Reassuring Parents

Some of the professionals observed an increased level of anxiety amongst parents, which was also observed in the Mothers' theory (See Chapter 5 section 5.4). During the early stages of the transitional process, aided by the professionals' sympathetic and practical support, the parent's anxiety and stress can be reduced thus enabling them to support their child better. Drawing on their own reflections of being parents, as well as understanding the difficulties that many families with ASD children have endured before the transition stage to secondary school, Lily, Angela and Bethan reflected on the parent's elevated level of anxiety (See Appendix 24, Table 4). Lily recognised that often these parents have been subjected to barriers during the diagnosis process and during primary school, so she was aware of parents coming into secondary school already with alleviated levels of anxiety from previous experiences. Bethan related to the parents by considering how she would feel, or had felt, in a similar situation as a parent herself. The professionals interviewed showed that they were able to empathise with the parents.

"Cause they (the parent) just transfer their anxiety to the child. Otherwise, cause there, I suppose, it's worse, it could be slightly worse for them because they're never going to know either, they're not in control" (lines 335-337)

Angela (professional)

The consensus from all the professionals was that the elevated anxiety was often due to uncertainties over the transition process and due to having less interaction with the secondary school. The professionals are pivotal in offering reassurance to the parents through providing detailed information about the transitional process to both the adolescents and their parents so they know what to expect during the process. Through listening to and being available for the parents, the professionals help parents to adjust so the transition can move more smoothly.

The professionals specifically mentioned that parents viewed security and happiness together as the most important aspects that offered them reassurance and reduced their anxiety. Therefore, it is important to communicate with them and keep them apprised of how their child is currently managing in school. With reduced anxieties the parents were more able to support their child better.

In the professionals' excerpts, there were two schools that offered a parental ASD support group run by parents. These parent-run groups provided information on how the secondary school manages students with ASD from a parent's perspective as well as supporting the parents viewing other potential secondary schools (See Appendix 24, Table 4). Moreover, the support groups provided feedback to the professionals on areas that can be improved to enhance their support of the adolescents and their parents. If there were any concerns, the parent could access support directly through the facilitator of the integrated ASD support group. This kind of integrated support is more

informative and effective compared to other ASD support groups external to a secondary school.

The following category presents how adapting practice is an effective method to accommodate the individual's needs.

7.5 Adapting Practices to Accommodate Adolescents' Needs

This category revolved around the professionals adapting their practice to accommodate the needs of the adolescent, usually after the recognition of additional provision that had not been facilitated and mainly occurred during Phase 3. These alterations were mainly evident when the adolescents experienced some difficulty or where the usual provision was not suitable for the adolescent to access the curriculum (See Appendix 24, Table 5, Lily's & Angela's excerpts). Some professionals mentioned that they adjusted practice to accommodate the adolescents' needs to support them to remain in mainstream education (See Appendix 24, Table 5, Lily's excerpt) whilst others talked about how their approach was dependent on the severity of the adolescents' ASD condition.

"... and some not all ASD individuals are the same, but he didn't like loud voices. And it was one of those things that's never been picked up before"
(lines 587-589)

Lily (professional)

Lily and Angela's discussion was about a particular student's sensory sensitivities to loud sounds. These aspects had not occurred in his previous

environments. Therefore, the issue was not noted in the initial collation of personal information during Phase 2. Continuous monitoring of the adolescents' behavioural presentation via the *'personal and organisational support'* throughout Phase 3 deemed adjustments in the classes and groups that he attended necessary. Without a sound understanding of ASD, this student may have been mistakenly perceived as displaying challenging behaviour.

It is crucial that the professionals have time and flexibility to alter and adjust their practices to suit the individual's evolving needs. However, it can still take a long time for the adolescent to adjust in the new environment. Therefore, the professionals need to have patience in addition to having a deeper understanding of the implications of their actions. As Lily and Angela explained, they succeeded through continual perseverance in their work with the adolescent: *"he did part days if he couldn't go into the lesson"* (Lily; line 634). Their persistence eventually worked as *"nearly 12 months now, but he's in the majority of lessons"* and *"he enjoys school"* (Lily; lines 641-642). Through further discussion with the pupil and his parents, they also recognised that he may benefit from therapeutic support to deal with some distressing experiences prior to attending the secondary school. This highlights the need for teamwork and perseverance to benefit the adolescent, with the professional functioning as a cog in connecting different categories and with adolescents, parents and other professionals. Importantly, the demands posted by the level of constant monitoring and adjusting needed to get the *'nitty gritty'* just right are clear to see.

Many of the professionals discussed the need to monitor the adolescents' behaviour as the adolescent may be unaware of becoming frustrated or their need for timeout. For Victoria monitoring the adolescents' behaviour prevents them from getting to the point "*... where it's all a conflict*" (line 241) and affecting the teacher pupil relationship. Sharon altered her interactions with the students as she was aware that those with ASD may struggle with understanding verbal instructions. She was previously unaware that the adolescents had not understood the task until she looked through their work later on: "*Erm, so I think it does take monitoring. It takes time because you've got to get to know them*" (Sharon; lines 335-336).

The need to be adaptive in their practices during the transitional process was recognised by the professionals, especially when the adolescent was not functioning as well as expected. Victoria recognised that when teaching a class of 30 that she could not adapt to the individuals needs and expressed: "*some of them do become wallflowers, even with autism, and I do miss some*" (lines 249-250). The difficulties that teachers have in supporting all of their students' needs and helping them achieving their individual academic targets are clearly highlighted.

Some of the professionals recognised that other professionals were not altering their practice to meet the needs of the adolescents: "*not be delivering things in the way that they need it*" (Sharon; line 352). This may relate to their depth of understanding of the condition and why and how they need to adapt their practice for the adolescent to learn sufficiently. It was interpreted that the

professionals benefited from being reflexive on their practice and being able to recognise they may not understand every aspect of the condition.

The organisation during Phase 3 is mostly informed by the information collated about the adolescent within Phase 2 and contains the level of detail to obtain the '*nitty gritty*'. However the professionals cannot prepare or adjust their practice when they do not have the relevant information in advance. Its repercussions on the adolescents' wellbeing have been discussed in the Mothers' and Adolescents' theories (See Chapters 5 & 6). Additionally, certain aspects of the pupil might have not been shared with the team at the secondary school, as the primary schools may have not observed that behaviour for several years.

There were times when the professional could not get the '*nitty gritty*' due to lack of timely communication. It is imperative to effectively disseminate information on the adolescents' needs and behaviour as Joanne shared that challenges arise when they have not been provided with information: "*the odd occasion where we've had blips... we had no information to the extent from the primary school*" (lines 474-476). The '*nitty gritty*' would allow the professional to be creative with their approach in encouraging the adolescent to feel comfortable in the school environment. For this to occur the professionals also need to liaise with one another and parents so they can have timely contact should difficulties arise. Their ability to adjust their practice to support individual students is closely related to the level of the professionals' understanding of ASD and resources and the support available within the school.

The next category will explore the professionals' concerns over their role in the transitional process.

7.6 Concerns Over Their Role in Supporting the Adolescent During the Transition

This category explores the professionals' concerns over how their role could support the adolescent through the transition process. The professionals in the current study seemed to differ in how they related to the transition depending on their role and school setting. Those from primary school seemed not as familiar with the transition process and often felt there were several unknowns. This was in contrast to some of the professionals in secondary schools who seemed to understand more about the transition and were more in control of how it was managed. Often the professionals may not really see how the child is coping as they frequently present differently at home. For many of the professionals they felt powerless in managing the transition and were unaware of how to prepare the adolescent and parents sufficiently. The professionals perceived that the transitional experience for those with ASD would be emotional, to varying degrees, either frightened or excited, often the secondary school professionals felt that the adolescents experience at primary school influenced how they felt about the secondary school transition.

"...in my experience with children with autism it's the unknown that causes the problem, cause they're going into this unknown so you have to try and sow the seed early"(lines 173-176)

Bethan (professional)

Informing the adolescents about the transition process as fully as possible makes the unknowns less stressful and more manageable. Those professionals in a primary school setting felt the unknowns caused most distress for parents and the adolescents with ASD. Yet they were vague on the transitional process compared to their counterparts in the secondary schools. It may be that they related to their own feelings on the transition, as they were less aware of what information the adolescent needed to make them more prepared or adjusted.

Those in secondary schools seemed more aware that they needed to be reflexive and compassionate to prepare the adolescents for the unknowns: “*I think compassion, I think all teachers need to have a little bit of compassion*” (Victoria; lines 355-356). Victoria appeared to understand the impact upon the adolescent during the transition and supported them through this process by being compassionate. Sharon also understood that it takes time for the professional and the student to adapt to each other: “*giving them a chance. Well it’s kind of, become comfortable and not putting too much pressure on...*” (lines 106-107). It illustrated that it can take time to get the transition process right. For professionals and schools, it was a case of accumulating years of experience and understanding the value of liaising and sharing information with each other to allow for preparation and to equip staff with the skills needed.

For some, they were concerned about the uncertainty of how the adolescent would manage prior to the transition.

"I think my concern with this little chappie is because he can, he thinks everything's right that he does. I think if he approaches some children in the way that he approaches ours, I think it's the way they will talk to him. Er, and he could get into a bit of conflict. That's why he needs the support from transitioning from one class to the other, to keep him out of mischief"(lines 196-201)

Chloe (professional)

As discussed earlier, those professionals in a primary school seemed to have little control of the management of the transition and had an idealised view of what support the adolescent could receive. This differed from the available resources that the professionals from secondary school reported. Importantly, Bethan and Chloe both reflected on how the pupil's presentation changed more at home during Phase 2 while still at the primary school:

"Parents say when I get home they're like, go and run round the garden because they've contained themselves all day"

Bethan (professional)

During Phase 2 the adolescents' presentation and behaviour were noted to have changed more at home as a result of several changes occurring simultaneously. Even though the school may feel the adolescent is managing within the education setting, it does not mean they are not impacted by the transition and this may result in different behaviours at home, hence the need

for a collaborative approach between professionals and parents. This concurs with the mothers' and the adolescents' emotional responses during this period. Chloe interpreted such changes in school as being excited "*I think he's excited to be fair, he's excited*" (line 73). However, there was uncertainty and hesitation in Chloe's response, which may represent a vague understanding of the condition and a misinterpretation in how the child was feeling as later Chloe referred to him being "*little bit quieter at the moment*" (line 82), which may reflect a change in his emotional state. Behavioural and affective changes might be more prevalent when the adolescents were at home with their family: "*he's quite boisterous again when he gets home as if he has to let off steam*" (Chloe; lines 75-77). The professionals felt concerned whether they were able to support the adolescents and parents sufficiently during the transition.

Thus far, the categories and sub-categories in the Professionals' theory have been explored. The following section will present the interactions between the categories in relation to the theory formation with reference to previous literature.

7.7 Overview of the Theory

The Professionals' theory of '*nitty gritty*' explains how different factors affect their management of the transitional process. The categories are interrelated through the core category of the professional '*being the middle cog in the big machine*'. The professionals' '*ASD awareness and experience*' is the foundation that underpins how the professional approached the intricate

nature of *'nitty gritty'*. The professionals in the current study demonstrated mixed levels of understanding of ASD and experience supporting pupils with the condition. Those employed in a school with more pupils with ASD showed more understanding of the condition. This category is closely related to the discussion in the *'a lot of support of different kinds'* and *'adaptive practice to accommodate the adolescents' needs'* categories. If the professionals' understanding is vague or insufficient then the type of support and adjustment made to their practice to support the adolescent will be limited. Without specific and timely support, the adolescent with ASD is likely to experience emotional distress in the mainstream environment. The professionals voiced their concerns over several factors that hindered their role in getting the *'nitty gritty'* in place for the adolescents that they support.

The category of *'a lot of support of different kinds'* illustrated different types of support offered by the professionals to the adolescent and their parents so adolescents with ASD can more efficiently adapt to a new school (Dillon & Underwood, 2012; Plimey & Bown, 2007). Professionals were able to support and direct the adolescent and parent throughout the transitional process with knowledge gleaned about the adolescents' ASD condition and their needs. However, it can be demanding on the professionals' time and effort to support and make individual adjustments for each adolescent and in consideration of whether they have additional support specified in the EHCP. The professional needs to monitor that all areas are facilitated by their colleagues in the school and from other agencies, alongside communicating with the parent to inform them of the process. Precise and reciprocal communication between all parties involved in the transitional process was identified by the professionals

in the current study as essential for coordinated support for the adolescent and reduced parental worry and anxiety (Batten et al., 2006; Dillon & Underwood, 2012; Starr & Foy, 2012; Tissot & Evans, 2006; Tobin et al., 2012).

The different facets of support relate to all of the other categories. As *'being the middle cog in the big machine'*, sufficient information about the adolescents has to be effectively gleaned and disseminated so the professional can action the appropriate resources, support and adaptations in their practice. The extent to which the *'nitty gritty'* is achieved is underpinned by the professionals' understanding of the adolescents' condition and their experience supporting pupils with ASD, as without sufficient understanding the amount or quality of the support put into place would be limited. Without *'adaptive practice to accommodate the adolescents' needs,'* areas of difficulties or challenges will arise in the adolescents' journey. However, the professionals spoke of *'concerns over their role in supporting adolescents during the transition'* affected by insufficient resources and limited communication amongst different professionals. The professionals appreciated the efficient support offered by the external ASD agencies in the current study and similar acknowledgement was shared in previous findings (Jindal-Snape et al., 2005; Jindal-Snape et al., 2006; Mackay et al., 2003).

Some professionals limited understanding of ASD and their need for more extensive CPD have been reported in the literature (Batten et al., 2006; Dillon & Underwood, 2012; Finke et al., 2009; Jindal-Snape et al., 2006; Pellicano et al., 2014; Starr & Foy, 2012). Some openly stated in the current study that

they were not as familiar with ASD as the parents, therefore parental input was crucial to them to manage the process effectively. Parental expertise has been previously recognised by Pellicano et al. (2014) and the utilisation of parental expertise within the education setting was seen as important (Feinberg & Vacca, 2000; Starr et al., 2001). Interestingly, mothers in the current study reported that their expertise was not valued by professionals (See Chapter 5 section 5.4).

The sense that some of professionals felt ill equipped to teach those with ASD in the current study has also been highlighted by O'Rourke and Houghton (2010). The professionals' desire for more CPD was restricted to the parameters of available resources and financial constraints, a finding that was similarly reported by Batten et al. (2006) and Finke et al. (2006). Overall, many of the professionals had a degree of understanding of the condition, yet some lacked the depth of knowledge to recognise the intricate details that vary amongst individuals or did not have the resources available to them to feel competent to sufficiently manage the process. In addition, with limited '*ASD awareness and experience*' a professional might not recognise areas that have been recommended by other professionals as needed or relevant. This would then relate to how the professionals feel about their role and their concerns over whether they have the ability or resources to sufficiently meet the adolescents' needs.

The professionals need to be reflexive and adaptable with their practice, as discussed in the '*adapting practice to accommodate the adolescents' needs*' category. However, there is a strong sense that the professionals felt like

working as a cog in a big machine as they relied on being sufficiently briefed on the adolescent and their needs from other 'cogs' in varying roles at different levels. Previous research has reported that resources for those with ASD were limited (Mandy et al., 2016). The literature has also suggested that many practices have not been adapted to each child's needs, a significant issue impacting upon their emotion and behaviour (Kaat et al., 2013) with risk of the child's eventual exclusion from school (Donno et al., 2010).

The role of the professional in an organisation is influential on how they felt the transition was managed and whether they were able to facilitate the requirements needed by the adolescents, parents and other professionals. Those within a SENCo role seemed to have more confidence regarding the resources available and felt more in control during the transition. Yet, interestingly, teachers and support staff were often reliant on others to inform them about the adolescents' needs in order to help facilitate the support package needed. The professionals in primary school seemed more concerned about how the adolescent would be accommodated at secondary school but less aware of the actual process by comparison. The professionals discussed the importance of informing the adolescents about the transition process as fully as possible to make the unknowns less stressful and more manageable. This finding was echoed in the literature (Batten et al., 2006; Dillon & Underwood, 2012; Starr & Foy, 2012; Tobin et al., 2012).

Spending time getting to know each other and giving the adolescent space to settle in were effective in supporting the adolescent to adjust (Mandy et al., 2016). The literature suggested that previous negative experiences at primary

school had tainted the adolescents' perception of the transition (Dillon & Underwood, 2012). This view was echoed by some of the professionals in this study. The repercussions on the adolescents' wellbeing have been discussed in the Mothers' and Adolescents' theories (See Chapters 5 & 6) as well as having being observed within previous literature (Kaat et al., 2013; Myles & Simpson, 2002).

The professionals felt more compassionate towards the adolescent and more competent in offering what they needed during this time period when they possessed more understanding of the ASD condition and the adolescents' individual presentation. In addition to an effective and holistic transitional procedural framework, resources and training available to the professionals strongly underpin their knowledge and skills in supporting adolescents with ASD. A vague understanding by the professional may lead to misinterpretation of the impacts of the transitional procedures and new environment upon the adolescents or lack of appreciation as to why alterations need to be made. In addition, the extent of support, adjustment of practice being made for the adolescents would be dependent on the constraints of the professionals' role and resources available to them.

The next section will explore the parameters of the theory and facets that impact upon movement throughout the theory.

7.8 New Insights from the Theory the 'Nitty Gritty'

The Professionals' theory, the '*nitty gritty*', (See Figure 7.2.2 for the diagrammatic formation) encapsulates the notion that the professionals are

the backbone of the whole transitional process as they are able to facilitate and adapt practices. The core category, *'being the middle cog in the big machine'* was chosen to capture the professionals' role in balancing a complex interaction amongst different demands and liaisons in the professionals' work during the transitional process. It refers to the amount of detail, skills, effort and communication needed on the professionals' part to support the adolescents for a smoother transition. There was an emphasis on the amount of resources and time needed to allow the transition to run more smoothly. Those with more experience working with pupils with ASD understood to a deeper degree the implications when other factors were not put in place and knew how to adjust their support to launch each adolescent from the start and to maintain their trajectory throughout. Essentially, those with increased awareness of ASD seemed to put more emphasis on getting the main categories (i.e. *'a lot of support of different kinds'*, *'adaptive practice to accommodate the adolescents' needs'*) working together and adapting to difficulties when the transitional mechanism was in disarray within the constraints of their role as a practitioner.

The professionals' practice and support would be hindered by lack of information and communication about the transitioning adolescent amongst different parties involved or by the delay of appropriate provisions to support the adolescent. However, experienced staff were more able to adapt their practices to offer personal support to accommodate the adolescents' need as well as to reassure their parents. The professionals are less able to determine the appropriate provisions needed and to alter their usual practice for the

adolescent when information about the adolescent was not effectively disseminated.

Those with limited experience and knowledge tended to apply more localised practice, instead of starting with a more holistic approach to the process. They also focused more on the barriers hindering their work rather than adapting to the situation with alternative approaches. Therefore, the professionals' practice and work with the adolescents with ASD are underpinned by their awareness of the ASD and experience working with adolescents with the condition. With efficient communication about the adolescents at all transitional stages and support from continuous training, the professionals are then able to preempt and adapt practices to overcome challenges, within their capability or power. Often their experience and awareness of the ASD condition were reflected in their '*concern for their role in supporting those with ASD transitioning*' as well as their discussion in the category of '*adapting practices to accommodate the adolescents needs*'. Needless to say, the professionals' adaptations were interrelated through the '*a lot of support of different kinds*' category.

It is down to the professionals to incorporate and balance all aspects of the '*nitty gritty*' for a smoother transition for all involved including those with ASD, parents and other professionals. After starting the transition process, the professionals' constant observation, monitoring, communication with gentle yet timely alterations would enable the adolescent to move smoothly through the transition stages.

Resources and financial availability are controlled by the management of the schools and the Local Education Authority. Those professionals who reported to have no control over where resources are placed in a school felt powerless to secure the resources needed for the adolescent, a view similar to how the mothers felt in the '*transitional emotional* rollercoaster' (See Chapter 5). There was a sense of being powerless in managing the transition and feeling reliant on others to accommodate the needs for their child. The adolescents felt powerless, as they lacked the skills to obtain their needs for themselves meaning they were more reliant on others and they desired peer interaction yet some struggled to form peer relationships and they required professional support (See Chapter 6).

Staff at the secondary school seemed to have better ASD awareness. However more individuals at secondary schools were interviewed and the sampling may have biased this perception. The paradox in the theory is that although the management of the transition was more driven by the secondary schools, many attributed their preparation for the transition as mainly reliant on information distributed from the primary school and parents, hence the focus on 'others' when evaluating their transitional work.

There was more emphasis on receiving timely and appropriate information from others and processes and settings being prepared by others. There was perhaps an undercurrent of the professionals feeling less in control. This observation made a stark contrast to the issues discussed in the Mothers' theory and perhaps seem odd to some parents. This tendency was dependent on the role the professionals were in. The professionals within the primary

school setting seemed to express feelings of uncertainty surrounding the processes occurring at the secondary school. The sense that they were unsure of how the transition had been progressed and whether the adolescent had managed once they left the primary school was noted.

The findings of the three theories will be evaluated and discussed in relation to the literature, followed by an exploration of the implications for practices and recommendations for future research.

Chapter 8: Discussion and Conclusion

The overall aim of the research was to explore the transitional experience from primary to secondary school for pupils with ASD using Charmaz's (2006) constructive GT approach. Interviews with mothers and the professionals who support the adolescents through this process were also analysed. The current research offered a more comprehensive theoretical model through collating information from a variety of sources and geographical areas within the United Kingdom. This chapter will present the main findings from across the three theories. Implications for the key findings in relation to those experiencing the transition and Counselling Psychologist practice will be presented. Constraints of the study will be discussed and suggestions for future research will then be explored.

8.1 The Main Findings

The nature of ASD being a hidden disability, varying with severity and presentation of the condition can make it difficult for those with limited understanding of the condition to recognise the individual's needs and support them accordingly through this period. The difficulty of correctly identifying issues caused by ASD in a particular individual and the lack of understanding of ASD in general, make the education setting for those with ASD and their parents particularly (Hayes & Watson, 2013). The resultant distress was specifically noted in the Mothers' theory of '*the transitional emotional rollercoaster*' and the Adolescents' theory of '*weighing up the emotional balance*' wherein the impacts upon the adolescent and their family's emotional wellbeing, the adolescents' academic achievement and experience of education were discussed. The transitional process for adolescents with ASD

and their parents has been previously referred to as an emotional process, often resulting in increased stress and anxiety (Dillon & Underwood, 2012; Tobin et al, 2012). The findings in the current study revealed that the dynamics were more nuanced than previous studies showed between different interacting factors along the transitional framework (See Chapters 5 and 6) that influenced the mothers' and adolescents' changing emotional responses. The findings recognised that all parties need to work in partnership to provide coherent support and structure to enable a smoother transition.

The professionals are pivotal in the development of a coherent multi-faceted transitional support package (Chapter 7). They are key in bringing together other professionals, the mother and the adolescent together in the transitional process. Through the '*nitty gritty*' they bring about a level of preparedness for all so they are aware of what to expect of the transition, and develop a consistent level of communication through verbal and written aids to inform and share information and strategies with mothers and other professionals to support the adolescents. As presented in the Mothers' theory (Chapter 5) and the Adolescents' theory (Chapter 6), when information about the transitional process was not readily available, it increased emotional upset for the adolescent and the mother. In order for the professional to manage the '*nitty gritty*', they need to be equipped with knowledge about the ASD condition and the adolescents' presentation via sufficient resources and training.

Previous literature has reported the professionals' limited understanding of and restricted training on ASD as observed by parents (Batten et al., 2006;

Dillon & Underwood, 2012; Starr & Foy, 2012; Tobin et al., 2012). This view was echoed in the Professionals' theory of '*the nitty gritty*' wherein some of the professionals spoke of their limited ASD knowledge and lack of experience working with students with ASD, whilst others relied on their informal personal experience when working to support adolescents with ASD in the school.

Areas that have been recognised in previous literature as important are: communication, preparation, and formal and informal meetings for preparation of how to manage the adolescent. Many mothers experienced lack of consistency in terms of how these areas were managed (Batten et al., 2006; Dillon & Underwood, 2012; Starr & Foy, 2012; Tobin et al., 2012). Those mothers and adolescents who had access to good levels of communication, preparation and reassurance from the professionals were the ones who attended a secondary school with a specialised ASD unit, alongside additional support ensured by their SEN statement or an EHCP. These factors suggest that accessing a secondary school with ASD specialised expertise, facilities and additional support reduce both the mothers' and adolescents' negative emotional responses. Phases 2 and 3 of the transitional framework (Chapter 4) are key periods for professionals to adjust their practice to accommodate the needs of the adolescent.

The adolescents desired to know the specific details of the school they would be attending to prepare themselves. They often felt powerless as they lacked the necessary skills to communicate their needs and relied on their mothers to be their advocate. Many of the adolescents wanted to receive support as they

recognised they needed alterations to enable them to manage. When support was available they valued it and referred to it as making the transition easier. However, they wanted the support to be provided sympathetically so as not to draw unwanted attention from peers as they wanted to be seen as no different to their typically developing counterparts. An area that was particularly successful was the facilitation of summer school for those with SEN and ASD. These additional visits encouraged the development of peer relations. The professionals were able to become familiar with the adolescents' condition and offer reassurance to both the adolescents and their mothers during these additional visits. The support by the professionals was key for the adolescents to access the curriculum in the adapted environment as well as improving peer interactions (Section 7.4). Often peer interaction was an area the adolescents found difficult. Interestingly, those who did not receive additional support relied on their peers to support them emotionally during times of distress.

The adolescents felt integration with peers was important, and many of the adolescents experienced worry and concern over not being familiar with their future peers prior to attending the secondary school. The findings within this research recognised that the adolescents' anxieties of mixing with their new peers reduced during additional transitional visits with peers with SEN during Phase 3 of the transitional framework (Chapter 4). Nearly all of the adolescents attended a new secondary school with no familiar peers as the most suitable provision was out of their catchment area (Section 5.4.1). Interestingly, some of the mothers perceived this as a positive point as previously there had been challenges with their peers in primary school

(Section 5.4.1). Also they opted for more suitable provisions for their child's needs over the familiarity of their peer group. This is paradoxical as the adolescents' main focus was being accepted by their peers and making friendships. Yet, for the mothers, this desire is considered less important compared to other educational provisions. On the other hand, an effectively managed school would provide an environment conducive for the young people to establish supportive friendship groups regardless of their needs or ability.

Factors that acted as buffers and reduced their negative appraisal are support both outside and within the school, through professionals or peer relations. Similar positive buffers have been recognised in previous studies (Dillon & Underwood, 2012), although the nature of how and why they protect the adolescents had not been sufficiently investigated in the literature. Supportive peers allowed the adolescent to feel accepted and acted as a voice for the adolescent when they were unable to voice their needs themselves. The adapted practice and support (Section 6.4) altered the environment sufficiently for the adolescents to comfortably function and access the curriculum within the mainstream environment. Therefore it reduced their negative emotional response during the transitional time

The support offered by the professionals to the mothers reassured and supported them to manage many unknowns over how their child might be coping (Section 7.4.3). Reciprocal communication with the professional offered the mothers reassurance and reduced their anxiety about their child being in a new environment. Freed from such worry they were able to support

their child better during transition. Although the support within the Professionals' theory focused on supporting others, the professionals had their own support needs in terms of sufficient resources, ongoing training and effective dissemination of information related to the child they are supporting.

As the ASD condition varies in severity and presentation, the support that the adolescents received varied and seemed to be aligned to the individual's needs to some extent. It is likely the case that children with milder ASD presentations are more likely to go to mainstream schools without specialist resources and less likely to receive additional one-to-one support, whereas those with a statement of SEN or an EHCP are more likely to attend a school with a special unit. In addition to their assured one-to-one support in the classroom, there are also staff with expertise in supporting ASD in the special unit.

Previously, adolescents with an EHCP or statement of SEN have been reported to have a smoother transition (Dillon & Underwood, 2012). This trend was also observed in the current study. Those who did not have additional support still reported a better transition than the family initially anticipated. However, there were more challenges and hurdles for them to overcome than those who had a statement of SEN or EHCP. These challenges may have been reduced if they received additional support. Interestingly, across England in 2014 there were 232,190 pupils (2.8%) recorded as having a statement of SEN and the largest proportion of this being those with ASD, affecting 22.9% of the total figure (Ko, 2015). The prevalence of pupils with ASD within education requiring additional SEN support is notable. Yet, only

half of those interviewed in the study had a statement of SEN or EHCP, suggesting a higher proportion of pupils with ASD without the support of a formal EHCP in schools.

Nonetheless, these pupils would still benefit from adapted teaching practice and expert support. This study recognised that the outcome of the transition is not directly tied to the level of the adolescents' needs but affected more by the type of school they attended and the specialised resources available to them. The outlook of the adolescent with ASD attending a mainstream secondary school is then further confounded if the school is with limited resources and expertise to support pupils with a hidden disability in milder behavioural presentation. Lois's experience (Section 5.4.4) illustrated this paradox. As the expertise and resources were not available for Lois's daughter, it led to a decline in her functioning and decreased emotional wellbeing. At the time of the interview, Lois's daughter no longer accessed mainstream education in spite of her milder initial ASD presentation.

There is a significant thread of feeling powerless during the transitional process across all three theories. The sense of uncertainty and continued striving made the mothers feel powerless and influenced their emotional responses (Section 5.4). They felt frustrated, anxious and stressed when they were waiting for their child's secondary school allocation. Potentially, their anxiety over the uncertainty could be filtered down to the adolescent. Being informed about the secondary school provision is a key element in reducing the mothers' and adolescents' anxiety and worry. For the mothers, having a key person at the school to communicate with alleviated much stress and

reduced the level of striving, as they felt reassured and listened to, alongside being prepared of what to expect in a timely manner through the transition. The sense of powerlessness for the mothers was often due to not having a choice over the school allocation, not being included in the preparation and needing to continually strive for the needs of their child to be met. Yet their negative emotional appraisal reduced significantly once they were involved in the process with a key person to liaise with and the appropriate provisions were allocated. For the adolescents, the core category of *'being pushed and pulled from pillar to post'* explains their sense of lacking control over their transitional experience and having to rely on their mother or peers to voice their needs on their behalf.

The theme of feeling powerlessness seemed prevalent across all three theories.—All three sample populations felt they were reliant on others in the transitional process: the adolescents mainly on their mothers and their peers, and the mothers on the professionals to provide the resources and adaptations for their child. The professionals *'being the middle cog in the big machine'* were reliant on the other professionals in their environment for information and resources for them to do their job well.

Social psychology research into causal attribution biases around being powerful and powerless identified that the powerful are seen as fortunate to do whatever they want, whereas the powerless are subject to limitations and control of others (Sekaquaptewa & Espinoza, 2004). Interestingly, those that are powerful still feel frequently constrained and those that are referred to as powerless have some areas of freedom and self-determination in their life

(Overbeck, Tiedens & Brion, 2006). However, there may be a biased attribution as those who feel powerless overly attribute their dispositional causes to those with more power (Overbeck et al., 2006). However, if there was more understanding across the different populations on how the other individuals are constrained by factors out of their control then this may alter the individual's perception of unfairness. Similarly, the insights obtained from the mothers and adolescents will inform professionals to improve their practice and to manage the transition more effectively through giving specific information in a timely manner, involving the mother and adolescent both in the consultation process and setting up appropriate provisions.

The next section presents the implications and applications to future practice.

8.2 Implications and Applications to Future Practice

Based on the findings from the current study, there are several important implications for future improvements and practice. Several of the implications reside with the professionals, as they are in a position to make the changes required to improve upon the transitional experiences for the adolescents and the mothers. The professionals are pivotal to developing an effective transitional process and applying strategies and support within the education environment. However, resources and training are needed for the professionals to work with the mothers and the adolescents together in partnership. The key implications are listed below:

- It is essential to develop an equal partnership between adolescents, their parents and professionals from all relevant organisations

throughout the transitional framework. Contributions from each party will form the backbone of a coherent transitional pathway. Adolescents and parents should have active participation in this partnership instead of being passive recipients of the procedures or arrangements sent by the professionals. There should also be a collaborative process between the primary school and the secondary school, as well as external ASD agencies to gather detailed information on the adolescent so the professionals can act on the information according to their specific supporting role. This robust transition package should be underpinned by good level of reciprocal communication amongst different partners to update and feedback on the processes and adaptations to all.

- On the organisational level appropriate funding should be made available to continuously develop the professionals' knowledge of ASD and skills in managing and supporting pupils with this condition in schools. There are three main aspects on this level:
 1. There should be a specific module on SEN including ASD in the teaching training programme to develop trainee teachers' knowledge and understanding of ASD and strategic management of pupils with ASD and other SEN within the educational setting.
 2. The teachers' CPD should include training specifically on ASD and SEN each year. Even though their role may not be specific to managing the SEN provisions, they may still have pupils with additional needs in their classes. This is especially important for

mainstream schools where no special provision for pupils with ASD and SEN is already in place.

3. The management of the transition needs to be funded sufficiently to equip the professionals with the appropriate resources and adaptations to support and accommodate those with ASD. Pupils with milder presentation of ASD without an EHCP should not be overlooked in the planning stage, as although their presentation might be initially milder in comparison, their needs and presentation can change in response to the differences they encounter in the new school.

There are several practical solutions that the professionals can adapt to achieve a smooth transition for the adolescent. These are discussed below:

- A transition manual that identifies a timeline for professionals and parents to complete set key tasks across the three transitional phases would provide clear information of the process so the parents and staff in primary school know what to expect or advise to reduce the parent's and adolescents' anxiety caused by uncertainty.
- Having a designated key worker for the adolescent with ASD in the secondary school would offer reassurance to the adolescent and their parent, as they can inform the key worker of any concerns or changes in the adolescents' learning and behaviour. The key worker would be updated on the nature of the adolescents' condition and their progress. They would oversee the support mechanism in the school by liaising with relevant partners to support and meet the adolescents' needs.

- Additional and tailored transitional information and visits would help the adolescent to become familiar with the new school environment and routines. The additional transitional days/visits that occur when the school is closed to other pupils provides opportunity for the adolescent to interact with a much smaller peer group and increases their acquaintance with their new teachers/staff. The new school then becomes more predictable to the adolescent when they transfer over, leading to reduced negative emotional responses.
- Supportive peer interaction is imperative for adolescents with ASD as it increases their wellbeing and buffers them from negative aspects during transition. The professional should provide opportunities for small group interactions to facilitate peer relationships. The adolescents in the current study emphasised their lack of social skills and felt supported by and benefitted from the professionals' adapted support. However, these adaptations need to be sympathetic and mindful, with a balance of meeting the adolescents' needs and refraining from drawing unwanted attention to the adolescent from their peers.
- Additional support should be continuously monitored and tailored to enable the adolescent to harness skills to equip them for independence in the future, irrespective of whether an EHCP is in place.

Parents and the adolescents would benefit from a wide range of support during the transitional process. Here are some suggestions with regards to additional support:

- In addition to the practical support by the professional, the parent's wellbeing and their ability to strive forward for their child would benefit from having access to a wider and more informal personal support network outside of the educational setting.
- A computerised application (hereafter app) can be used for easier communication between adolescent, parents and the professionals. The app could provide information directly to the adolescent on the transition pathway and additional or alternative arrangements for the adolescents. There can be easy-to-follow support problem solving, e.g., 'if this happens then I can see learning mentor during break in room'. A messaging functionality on the app may provide adolescents a direct communication channel to their key worker or professional and help staff understand better how the adolescent is emotionally coping.
- It is important to monitor the adolescents' wellbeing and provide them with training on strategies to manage their anxiety and access support during this period. This aspect could be complemented by support from external agencies, especially Counselling Psychologists. More discussion will follow in the next section.

The foundation for the transitional process should then be continued as a pathway process throughout the adolescents' academic careers, as the challenges of adapting to changes at the beginning of every academic year seem almost like another transition to the adolescent, albeit smaller in scope. The level of intervention and support would be continual and adaptive to suit the individual throughout their education as their needs may fluctuate or change. The focus should be on empowering the adolescent and providing

them with elements of personal growth. This could be facilitated alongside the support from a Counselling Psychologist who could support the professional in tailoring a personal support package for the adolescents' additional needs.

Current recommendations by the National Institute for Health and Care Excellence (NICE) guidelines and Department of Education are to provide 'a whole school approach' (DfE, 2015) to promote the social and emotional wellbeing of all adolescents across their education (NICE, 2008; NICE, 2009). The drive to establish adequate emotional, mental health and wellbeing resources for children and young people in school via a holistic approach is evident in the government's recent funding of £1.5 billion (Brown, 2016). This may see an increase in Counselling Psychologists being based in schools to provide therapeutic support to all adolescents within the education system.

The information gained from this study provides Counselling Psychologists insight into how those with ASD, their mothers and professionals experience the transition from primary to secondary school. As part of an MDT working alongside education provisions, Counselling Psychologists can help facilitate the following aspects to improve the transition process:

- Counselling Psychologists specialised in ASD can provide specialised training to all staff on ASD and support within the MDT. In some cases when appropriate partnership in the MDT is available, Counselling Psychologists can inform the educational professionals of the intricate nature of a child's condition and provide appropriate training on how to support the child with tailored personal support package.

- The development of a training package for the professionals in the education setting by the Counselling Psychologist on the adolescents' social and communication skills as well as strategies to manage their anxiety. This would be beneficial in increasing the adolescents' wellbeing as the professionals would be equipped with the necessary skillset to support the adolescent to access the education setting. This package can either be delivered by the Counselling Psychologist in person (if they are based in school) or by the professionals who are to be trained and supported by a Counselling Psychologist.
- Some parents would also benefit from having access to a Counselling Psychologist when managing the anxiety and stress resulting from supporting their child with ASD through the transitional period.
- It is useful to offer guidance to parents during this period on how to prepare their child for the change at a rate appropriate to their child's needs.

The Adolescents' theory highlighted several areas that are relevant to the therapeutic setting. As those with ASD are more focused upon themselves, they want to feel that they are the same as their typically developing peers and to be accepted by their peers. Awareness of being different to their peers can be detrimental to the adolescents' self-esteem and opinion of themselves, and being supported in a therapeutic capacity would offer a safe space for the adolescent to explore difficulties and to develop strategies to increase their self-esteem and overall wellbeing. Moreover, a sense of powerlessness or lack of control was a common thread that consistently emerged in all three groups. The work of a Counselling

Psychologist as part of a MDT, could focus on increasing the sense of control across all three parties. Alongside supporting professionals with skill and awareness training on ASD, the Counselling Psychologist could develop strategies with the educational professionals so that they feel better equipped to manage the adolescent with ASD within the school environment. Moreover, the Counselling Psychologist can also work with the parents and adolescent to develop tools to reduce their anxiety during the process and increase their overall wellbeing. The role of the Counselling Psychologist could empower all parties, through awareness of how the other parties often feel powerless, even though the other parties perceive them as powerful. These elements could be facilitated through one-to-one or group therapeutic sessions with the adolescent, parent and professionals. This may allow consideration for others' experiences and make all parties feel equal.

8.3 Constraints and Considerations of the Study

The research design was aligned with Charmaz's GT approach which required me to be reflexive throughout the process, monitoring interpretations, their own beliefs and areas that may bias the data (Curtin & Fossey, 2007; Russell & Kelly, 2002). The nature of the constructivist paradigm allowed my experience and belief to be instrumental in providing interpretations throughout the analysis process. The findings have provided new insights into the transitional process from several perspectives. This section appraises the constraints of the current study followed by recommendations for future research.

8.3.1 My Research Standpoint

Charmaz's (2006) GT approach views my position and experience as valuable in adding depth to the analysis of the data. My own viewpoint and experience of being a parent to a child with ASD, and a professional supporting those with ASD, afforded empathy with others' experiences and considerable understanding of how some parents and adolescents experience this period in time in that the participants felt comfortable to express themselves at deeper levels. With my understanding of the transition and ASD, I was able to further question how some experiences may have been difficult for the adolescent, the mother and professional. The analysis and interpretations benefitted from my background of being a Counselling Psychologist trainee and a parent to a child with ASD. These factors allowed a depth of understanding of how those experiencing emotional turmoil can display different presentations that manifest in their physical behaviours and psychologically. In addition, my understanding of the intricate nature of the condition enabled further insight into areas that those with ASD find challenging and how they may present when experiencing emotional or sensory overload. These elements were conducive in being able to interpret the emotional influence of the transition on all parties, particularly the mothers' and adolescents' experiences.

However, analysis and interpretation of data can be affected by the self-confirmatory bias whereby the I could have become focused on aspects that relate closely to my own experiences. The biases were more related towards the experience of the mothers, as this is something I personally related to.

These factors were discussed and clarified with my supervisor. Moreover, my experience of transition as a parent supporting a child with ASD was nearly a decade ago. The time lapse allowed me to reflect on the experience with reduced emotional response and a more reflective stance towards the transition founded upon my professional experience. As the nature of GT involved me to be immersed in the data over a period of time, this process of taking regular breaks from the analysis and returning with a fresh reflection allowed preservation of the participants' information and reduced confirmation bias.

An example of the confirmation bias from my personal experience is that of parental striving being a significant area for the mothers' experience of the transition. Parental striving for their child was prevalent throughout the theoretical sampling in the current study. My experience of parental striving added understanding of the experience and the challenges that may be experienced by mothers. My experience of the education setting was that it was not tailored to my child and there was a decline in support and acceptance in my child which then prevented him from accessing the mainstream education facility. This was similar to the experience of Lois's daughter (Section 5.4.4). Through the theoretical sampling this aspect was not significant in the follow-up interviews as originally thought. The use of the robust analytical process of GT and regular supervision reduced potential biases of the results.

Moreover, the analysis and interpretation of the data were regularly reviewed and discussed in supervision to maintain trustworthiness and to ascertain

whether the interpretations made included personal influences. The most challenged aspect was the notion that the mothers were the most important aspect in meeting the needs of the adolescent, yet through further exploration during supervision, it became apparent that all entities involved played an important role but that the professionals exercised the most influence in the transition process. Also, memoing and keeping a reflective journal were essential for reflection and to consider areas of my own experience that might have been enmeshed with that of the participant. My training in counselling psychology enabled my ability of detached closeness, whereby I am with the participant yet recognise where I am within the interpretation. The theoretical sampling of participants at different stages of the transition reduced a biased analysis as it included different time points of the transitional process to determine whether the transition had a long lasting impact upon the adolescents' and the mothers' wellbeing.

8.3.2 Generalisability

Qualitative research is suggested to be less generalisable, reliable and valid in comparison to quantitative research (Shenton, 2004). However, the current study did monitor trustworthiness through credibility, dependability, conformability and transferability to increase reliability and validity. Constructivists argue that through trying to achieve generalisability the focus is removed from the level of credibility obtained from the theoretical understanding using a qualitative approach (Padgett, 2008). Interestingly, the main key findings were robust irrespective of the different geographical areas. Moreover, similar findings were observed in cross-national research in

different countries (Batten et al., 2006; Bitterman et al., 2008; Dillon & Underwood, 2012; Jackson et al., 2008; Kasari et al., 1999; Makin et al., 2017; Parson et al., 2009; Renty & Roeyers, 2006; Starr & Foy, 2012; Tobin et al., 2012; Whittaker, 2007).

8.3.3 Sampling

There were more participants in the professional and mothers groups. The parental perspective in this research consisted of solely the mothers' experiences. The notion that most mothers strive for their child's needs being met during the transition was notable in the Mothers' theory. This characteristic may be specific to mothers who took part in the study. Other parents might have not found the need to participate in the study due to a smooth and uneventful transition for their child. Alternatively, others might have found it difficult to discuss their transitional experience with an unfamiliar person. It is possible that the current participants may have been in a more stable position and may have had a supportive environment around them to feel able to verbalise their experiences. Interestingly, the emergence of the characteristic of striving for their child applied to all the mothers in this study, which may explain that they wanted to verbalise their experience to improve the transition for the good of others.

Although fathers did volunteer to participate initially, obtaining an appropriate and convenient time to complete the interview was not possible. The lens of the mothers' experience may differ from that obtained from the father's experience. Their data may provide a different understanding for this period

of time and would be beneficial for future research. On reflection, it may have been valuable to interview fathers via Skype to incorporate a male perspective into the analysis. Unfortunately, I realised this at a later stage and felt constrained by time to return to the interviewing stage.

The research recruited participants from different transitional time periods including those currently going through the transition process and others who provided a retrospective account. Retrospective experiences have been reported to be more reflective as they have had time to consider their experience (Gillock & Reyes, 1996; Tobbell, 2003). However, it was considered that the participants might not accurately reflect their historical reality as individuals are prone to biased interpretations and their recall may be affected by attribution bias (Heider, 1958). Nevertheless, the participants seemed to reflect easily on this period in time remembering good aspects and areas that they appraised more negatively.

The sample size in the adolescent group was considerably small. Research into areas that are sensitive can be challenging and time consuming to recruit participants that fulfill the criteria. It can bring significant and further challenges to recruit families with a child with ASD, as parents often speak of lacking time (Knapp, Romeo, & Beecham, 2009). Understandably the nature of ASD can make engaging with unfamiliar people difficult, and those with ASD often are unaware of their emotional state so may struggle to describe and understand how they feel or felt during this period. To reduce the difficulties in interacting with myself during the interview, some adolescents were interviewed with support from their mother or TA. When mothers and

adolescents were interviewed together, the adolescents provided a mixture of both positive and negative experiences. Interpreting the findings, however, needs further consideration. In the context of this study, the adolescents whose condition was more severe struggled to express themselves compared to the more able adolescents. These adolescents were supported during the interview by their mothers or professionals. In some cases, their accompanying adult might have influenced them during the interview. If I felt this was the case during the interview, I asked the adolescent whether they agreed with their mothers comments, or I rephrased the question using simpler language to support the adolescents' understanding.

Having more interviews from adolescents may have provided a richer understanding. Those with ASD can struggle to express themselves so visual emotive aids are recommended in future research to support adolescents to help facilitate the adolescent to verbalise their emotional state during the interview. Moreover, having more professionals from the primary school in the sample may have been more fruitful to gaining insight into the management of the initial transition phase and how both parents and adolescents experience this initial time.

In summary the constraints that influenced the current study and overall findings were the time elements of a doctoral research, as with more allocated time provisions more participants would have been interviewed, including fathers. This would have added further understanding from a wider perspective, particularly fathers and more adolescents. Without the inclusion of fathers it meant that the theory produced related specifically to mothers.

However the current study findings have produced theories for the transition period that the do not exist in the current literature.

8.3.4 Data Analysis and Saturation

The challenges faced during the analysis stage was initially the lack of familiarity of the GT process, and not having extensive research experience led to my continual checking of the process. However, being conscious and meticulous may have allowed for more care being taken during the GT process.

The original concept to develop a single theory for the transition for all involved was adapted when it emerged that each perspective warrants a theory of its own. If the focus remained rigid and not adaptive then the quality and value of each population's storyline would have been lost. As the focus changed, further interviews were not feasible within the time constraints. Dey (1999) argues that saturation can be thwarted through research conducted under time constraints. A thorough and rigorous analysis to produce sufficient categories for each category was followed and new understanding of these phenomena with considerable useful insights has been produced (Dey, 1999). The Mothers' and Professionals' theory continued to a point that no new information was being expressed, yet the professionals were more biased to secondary school and the parents did not include fathers so these areas were not entirely saturated. The adolescent sample continued until no new information emerged, however due to some adolescents being more expressive than others further participants may have provided more insight.

8.4 Future Research

This section presents suggestions for future research. The current research identified that there was a lack of consistency in how the transition phases were managed across different regions and different educational provisions. A more thorough exploration of the current policies and procedures in relation to actual practice would bring these procedural variations and their impacts on the adolescents' adjustment during transition to the forefront of the research literature. The current study observed that those adolescents and mothers whose child attended a secondary provision with a specialised ASD unit considered the transition through a positive lens. However, these adolescents had an EHCP or a statement of SEN and received additional support. The notion that those with more knowledge and awareness of ASD are able to assist with a smoother transition may also relate to the additional support the adolescent received. Therefore, it would have been more helpful to further examine the level of knowledge on ASD, competency, management of specialist resources in professionals from different provisions: primary vs. secondary, special schools, schools with special ASD units vs. mainstream schools. It could employ a mixed method approach to explore the professionals' knowledge of ASD and competency of adaptive practice using both questionnaires and interviews.

Further understanding from a father's perspective using a GT approach would provide a comprehensive theoretical understanding for how fathers experience the transition and whether it differentiates from the mothers experience.

For the adolescents in the current study, peer interaction was an area of difficulty and was recognised as area in which the adolescents needed support. Exploration into the development of support for peer relationships would be very helpful to inform practice to support adolescents and professionals. A study solely focused on peer interactions with pre-measure of ability to develop friendships and interact, with questionnaires that measure emotional wellbeing, then a group based intervention on social skills for those with ASD alongside their peers, followed by post-measure and an IPA on the adolescents' experience of the intervention and the feeling towards peer relations post intervention would assess the intervention performance for implementation to future practice.

The recommendations identified in the current study if facilitated would benefit practice. Their effectiveness should be fully evaluated through formal research. The transition needs to be a well thought out package rather than individual disconnected elements to make a difference. Research that encompasses all entities together following a trial transition pathway, and which forms a collective partnership between parents, education professionals, adolescents and Counselling Psychologists would be insightful. Pre-measures to monitor emotional response to the transition and qualitative interviews on all individuals' experience of this period, these factors would capture baseline before intervention. A control group would capture whether the transition pathway impacts upon emotional response and a smoother transition and to assess its performance and alterations required before roll out phase. This would be followed by emotional response measure during the transition to assess emotional response, followed by post-measure and an

interview with all individuals. The post-measure would assess whether the individuals emotional response differed following the intervention, then the interview would capture the specific nature of their thoughts on the experience and improvements needed before the final pathway is developed.

The current study referred to emotional responses across the participants during the transition. The importance of all of the individuals being supported by a Counselling Psychologist would be a recommendation for future practice. The Counselling Psychologist would support with professional training on ASD, as part of an MDT or therapeutic interventions with the parents or the adolescent. Future research is necessary to understand the impact of having a Counselling Psychologist as part of the transition/education setting and the impact upon the professionals ability to support those with ASD, the adolescents and parents wellbeing.

The conclusion of the current findings will be presented next.

8.5 Conclusion

The current findings present important contributions to understanding the transition from different perspectives. This study produced three theories to explain transitional experiences during this time: *'the transitional emotional rollercoaster' (mothers)*, *'weighing up the transitional balance' (adolescents)* and the *'nitty gritty' (professionals)*. These encapsulated the different adjustments that each population experienced during the transitional process. The research was fruitful in filling in a gap in the literature by analysing data

from three different groups and identifying the sense of powerlessness felt by all three groups during the transition. The key findings are that the transition has an emotional impact upon mothers and adolescents: the adolescents desire peer friendships and need support with this without drawing unwanted attention from their peers, whereas support from the professionals was significant in reducing the mothers' negative appraisal and enabling a smoother transition for both adolescents and mothers. On the other hand, the professionals identified that the success of transition requires concerted efforts by different professionals and is underpinned by specific resources and training.

Recommendations of improvement for future practices have been proposed based on the main findings. Several research constraints were discussed and potential future research have been presented.

In conclusion, transition from primary to secondary school for those with ASD, evokes an emotional response for adolescents and mothers that can be managed more effectively by the professionals through the development of a partnership from all parties involved, with careful consideration, specialist resources and commitment from all to facilitate a smoother transition.

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